

# EMPLOYMENT INFORMATION HANDBOOK

INMATE TRANSITION BRANCH



Federal Bureau of Prisons  
320 First Street, NW  
Washington, DC 20534

**2006 Edition**

**Attribution: Parts of this publication have been copied or adapted from several government publications.**

Additional information about the Bureau of Prisons offender transition program, including the dates of future job fairs and a copy of the Mock Job Fair Handbook can be obtained from the ITB web page: [http://www.unicor.gov/about/about\\_fpi\\_programs/inmate\\_transition/](http://www.unicor.gov/about/about_fpi_programs/inmate_transition/) or through e-mail to [smccollum@bop.gov](mailto:smccollum@bop.gov) or telephone 202-305-3860, 8128, 3553.

**The following additional publications are available from the  
Inmate Transition Branch:**

- Employment Resource Handbook**
- Institution Volunteer Handbook**
- Community Volunteer Handbook**
- Mock Job Fair Handbook**

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## **PURPOSE**

The Inmate Transition Program Branch (ITB) serves to strengthen existing Federal Bureau of Prisons (BOP) programs and to establish new ones designed to enhance the post release transition of federal prisoners. This employment information handbook provides prisoners with contacts and other information that can help them to prepare for release. Free information has been gathered from a variety of sources including, the U.S. Department of Labor's Internet web site, and you may freely copy, share, and use these materials.

## **WHAT SHOULD I DO TO PREPARE FOR RELEASE?**

You should start preparing for release as early in your sentence as possible. This should include an assessment of your career objectives, completion of all education and vocational training programs offered by the prison, resolution of any substance abuse issues that you may have, and development of a realistic post release plan.

Parents should participate in parenting programs offered by the prison and should make a sincere effort to reestablish and repair family ties. Many people who prepare for release are unrealistic about what they are going to do and lack a workable plan. One example is a person who has no business experience and plans to start a business instead of finding employment. To successfully open a business you must have a business plan and start-up capital, but only about half of all new businesses survive after four years. While your long term goal may be to start a business, a job may be a more realistic immediate post release objective.

It is also important to remember that companies are required to verify your citizenship before they can hire you. The Immigration and Naturalization Service requires employers to complete a Proof of Identity form (Form I-9--**Appendix F**) for new hires to prove they are eligible to work in the United States. Review Appendix F and check the list of acceptable documents to ensure you are able to meet this critical pre-employment requirement. After you leave prison is not the time to discover that you do not have a copy of your social security card and birth certificate.

Many employers require that you provide information about the training, skills, and experience that they are looking for. An employment folder that contains your personal information and documents is a good way to do this. The employment folder should include copies of your resume, social security card, birth certificate, high school diploma or General Educational Development certificate, vocational certificates or college diplomas, and a transcript from each school you have attended (include prison schools). Remember to bring extra copies for use during interviews, and to keep the originals with you in your folder.

If you do not have a resume, prepare one and also fill out the sample job application found in this handbook (**Appendix B**). When you are 60 days or so from release, you should mail resumes and cover letters to employers whose addresses you obtain from the telephone book yellow pages or other sources. You should request an application form in your letter. Plan to

follow up with these same employers by telephone or in person and request an interview when you are released. If you do not have access to the yellow pages, you may want to ask a friend, relative, or even your parole officer to send you 10 - 20 addresses from the yellow pages. Remember that employers are looking for people who know what they want to do, who have skills, and who want a career with their company. Don't forget to consider employers who hire staff for hotels, colleges, hospitals, and apartment building owners/managers.

### **ARE THERE EMPLOYERS WHO HIRE EX-OFFENDERS?**

Assume employers will hire you if you are a good match for their needs. One survey showed that of more than 1200 employers only eight percent said they would not hire an ex-offender. Since 92 percent of employers will consider hiring you, feel free to look for work from any legitimate source. Limiting yourself to employers that you believe hire ex-offenders can also limit your wages and job prospects. You should try to find employers who are a good match for your skills, experience, and career goals.

Your job search should include **all potential employers**. According to Richard Bolles' popular employment book, "What Color Is Your Parachute," some of the best ways to find a job are:

1. Asking for job-leads from family members, friends, and people in the community has a 33 percent success rate.
2. Knocking on the door of any employer, factory, or office that interests you, whether they are known to have a vacancy or not, has a 47 percent success rate.
3. **Using the phone book's yellow pages to identify subjects or fields of interest to you in the town or city where you will release, and then calling up the employers listed in that field to ask if they are hiring for the type of position you can do and do well, has a 69 percent success rate.**

Remember, the two most critical factors to a successful job search are attitude and persistence. You are marketing a product, yourself, and you have to believe in the product (you) in order to land that job. Also, like any sales situation, you have to market the product (you) and make sure that you make plenty of contacts. Treat your employment search like a job and spend at least 8 hours a day at it. Employers will not usually come looking for you so you have to get out to meet them.

Additional offender job search information on searching for jobs, explaining a conviction, and interview tips, can be found in **Appendix A**.

## **WHAT ABOUT FEDERAL PROGRAMS TO HELP EX-OFFENDERS?**

Federal programs are generally designed to help people who need work, housing, public assistance, and other services. While each program has different standards for participation with low income being the most common requirement, **there are no federal programs exclusively for ex-offenders.**

Most assistance programs are administered locally by community agencies. You can find the addresses for them in the local telephone book's blue pages and on the Internet. One of the first stops you should make is to the state employment service office to help you with job leads. Their local addresses are located in the blue pages of the telephone book. You may want to ask the state employment service about job search assistance, federal bonding, employer tax incentives, job training, and Workforce Investment Act - sponsored training. If there are other local agencies or one-stop assistance centers, you may want to contact them as well.

If you are a non-federal offender in a state or local correctional institution, you should ask education services staff for information about community, state, and private programs to help ex-offenders. Assistance may also be available from local faith-based organizations.

Your local library may offer public access to the Internet and provide employment information specific to your community. If there is a One-Stop Career Center in your area, be sure to visit it for job leads, training, and other services that can help you and your family. Always explain your situation when you visit any assistance services agencies and, if they cannot be of assistance, do not forget to ask for a referral to another agency or private organization that may be able to help you.

Veterans should contact their local veterans affairs office for assistance. The VA has a wide range of programs that can be helpful, including rehabilitation services. The Internet website for the VA is <http://www.va.gov>, or you can contact their national toll free number at 800-827-1000. Local VA offices are also listed in the government pages of the telephone book.

## **WHAT ABOUT STATE AND FEDERAL JOBS FOR EX-OFFENDERS?**

**Ex-offenders have no special status** when applying for state and federal jobs. The application and selection procedures for state jobs follows state guidelines, and federal jobs follow the rules and guidelines of the Office of Personnel Management (OPM). The Internet address is <http://www.opm.gov>.

### **State Jobs**

To find out about state jobs, contact the Department of Human Resources in the state where you plan to release. You can also find out about state jobs on Internet at [http://www.state.\\_\\_\\_\\_.us](http://www.state.____.us). Fill in the blank with the two letter postal code for the state. For example, Virginia would be

<http://www.state.va.us>. State jobs may also be posted at the local U.S. Employment Service office. Each state's contact information can be found in the blue pages of the telephone book.

### **Federal Jobs**

The Office of Personnel Management (OPM) announces most federal jobs on their website at <http://www.usajobs.opm.gov>. You can also call the OPM automated telephone system, an interactive voice response telephone system, at (478) 757-3000 or TDD (478) 744-2299. Job seekers can access current job vacancies, employment information fact sheets, applications, forms, and even apply for some jobs. Many federal agencies have job information telephone numbers located in the blue pages of the telephone book. Federal job postings are also available from the nearest U.S. Employment Service office.

### **WHAT ABOUT SMALL BUSINESS LOANS AND GRANTS?**

There are many agencies in the federal government that provide loans, grants and assistance. The best source for these is the Catalog of Federal Domestic Assistance. It is available at some libraries and from the Government Printing Office (GPO). Information is also available from the Federal Citizen Information Center at 1-800-FED-INFO, and on the Internet at <http://www.pueblo.gsa.gov>.

**There are no small business loans or grants specifically for ex-offenders.** The Small Business Administration (SBA) does not provide direct loans. They do provide loan guarantees for certain businesses that borrow from lending institutions. They do not provide specific grants or low interest rate loans to ex-offenders for business start-up or expansion. For further information, you may want to contact the Small Business Administration, 409 Third Street, S.W., Washington, DC 20416; or visit their website at: <http://www.sba.gov>.

### **WHAT PROGRAMS ARE SPONSORED BY THE U.S. DEPARTMENT OF LABOR?**

#### **One-Stop Employment and Training Services**

**One-Stop Careers Centers** are at the heart of the workforce investment system under legislation called the Workforce Investment Act (WIA). Designed as part of America's Workforce Network, these centers provide an integrated array of high-quality services to help workers, job seekers, and businesses find assistance under one roof in easy-to-reach locations. **One-Stop Career Centers** help businesses find qualified workers, and help job-seekers and workers obtain employment and training services to advance their careers.

One-Stop Services also include assessment of skills, abilities, aptitudes, and needs; assistance with Unemployment Insurance; career counseling; job-search and job-placement assistance; and information on training, education, and related supportive services such as day care and transportation. Eligible individuals also can obtain more intensive services and training.

**One-Stop Career Centers** are convenient to most communities in the United States and territories. While their names may differ (One-Stop Center, One-Stop Career Centers' Workforce Development Center, Employment Services, or Job Service), they are all committed to providing prompt, courteous, and customer-focused service. Each center represent a partnership involving federal, state, and local public and private service providers. They are overseen by community-based Workforce Investment Boards chaired by local businesspeople who determine the service priorities for their respective community.

You can learn the location of the **One-Stop Career Center** closest to where you live by accessing America's Workforce Network at <http://www.doleta.gov>; or by calling the Toll-Free Help Line at 1-877-348-0502. (For TTY, call 1-877-348-0501.)

### **Special Note for Citizens of U.S. Territories**

Citizens of U.S. Territories like Puerto Rico can obtain contact information by telephone through America's Service Locator at: 1-877-348-0502; or on the Internet at <http://www.servicelocator.org>. For example:

- Puerto Rico - Puerto Rico Department of Labor and Human Resources, Prudencio Rivera Martínez Building, 21st Floor, 505 Muñoz Rivera Avenue, Hato Rey, Puerto Rico 00918.
- Virgin Islands - Virgin Islands Department of Labor, 2203 Church Street, Christiansted, St. Croix, Virgin Islands 00820-4660.
- Guam - Department of Labor, PO Box 9970, Tamuning, GU 969311
- American Samoa - Department of Human Resources, American Samoa Government, Executive Office Building, Utulei, Territory of American Samoa, Pago Pago, AS 96799.

### **Job Search by Phone**

If you are looking for employment, JOBLINE® is a free public service provided by state agencies with assistance from the National Federation of the Blind and the United States Department of Labor. This service is available on the telephone 24 hours a day, 7 days a week. Each day new jobs are listed on the system and filled jobs are removed.

A touch-tone telephone is all that you need to establish your personalized job-search profile. The system asks you to use your telephone number for a profile number, or you may want to make up a profile number using your social security number and an extra digit. For example **SSN 111-22-3333** could be profile number **111-223-3333** by adding an extra number such as the **3** in the example. The number that you entered will remain in effect for as long as you are seeking employment and using JOBLINE. The JOBLINE Toll-Free Number is **1-800-414-5748**.

## **Disability Employment and Training Services**

Disability employment and training services are available at **One-Stop Career Centers** and through other federal partners. The Disability Employment and Initiatives Unit of the Employment and Training Administration helps identify policies and to provide technical assistance to address barriers to work for people with disabilities.

The President's Committee on Employment of People with Disabilities provides additional services, including a job recruitment program for people with disabilities, and a career exploration program for high school students with disabilities. A toll-free number for the Job Accommodations Network (800-526-7234) provides information on the employment provisions of the Americans with Disabilities Act.

### **National Internet Resources and Links\*\***

Brazelton's Center for Mental Health Law; advocacy for people with mental disabilities. Internet address: <http://bazelon.org/what.html>

Family village – A global community of disability related resources. Internet address: <http://www.familyvillage.wisc.edu/index.htmlx>

Global Applied Disability Research (GLADNET) – References for employment and training for persons with disabilities. Internet address: <http://www.gladnet.org/>

The Independence Bank: A resume bank for individuals with disabilities. Internet address: <http://www.ind-bank.org>

Office of Special Education and Rehabilitation Services. Internet address: <http://www.ed.gov/about/offices/list/OSERS/index.html?scrs=mr>

National Council on Disability. Internet address: <http://www.ncd.gov/index.html>

Work Support for Persons with Disabilities. Internet address: <http://worksupport.com>

**\*\* These are selected references which have been found to be particularly useful. It is not intended to be a complete list of all resources available.**

### **Native American Employment and Training Program**

Native Americans, Alaskan Natives, and Native Hawaiians are eligible to receive employment and training services on reservations and in their communities under the Workforce Investment Act.

Services are targeted to assist unemployed, underemployed, or economically disadvantaged individuals with the goal of expanding their occupational, academic, and literacy skills and enhancing their job prospects. Programs also are intended to support economic and social development in these communities.

### **Older Workers Employment Program**

The Senior Community Service Employment Program serves individuals with low incomes who are at least 55 years old and have limited employment prospects. This initiative provides older Americans with part-time community service jobs in settings such as day-care centers, hospitals, and schools in occupations such as literacy tutoring, conservation, financial counseling, and economic development.

The part-time jobs can last for up to 1,300 hours per year and pay (at least) the minimum wage. Job training, classroom training, counseling, and placement in unsubsidized jobs also are offered. Participants can use their experience as a bridge to other employment.

### **Registered Apprenticeship**

Registered apprenticeship is a formalized career-training program that offers a combination of structured on-the-job training and related academic instruction tailored to industry requirements. Its goal is to produce skilled workers who are trained in all aspects of an occupation.

Apprentices must be at least 16 years old, complete one to six years of paid, supervised, work-based training and complete technical instruction that allows them to learn and perform at the highest skill levels in their professions. They receive an Apprenticeship Completion Certificate that is a recognized credential in their occupation of choice, and many obtain credit from participating community colleges toward an Associate Degree.

Information about apprenticeship programs can be obtained from One-Stop Career Centers listed in the blue pages of your local telephone book, from union locals listed in the white pages of the telephone book, or on the Internet at [http://www.doleta.gov/atels bat/](http://www.doleta.gov/atels_bat/).

## **Employer Tax Credit Programs**

The Work Opportunity Tax Credit (WOTC), authorized by the Small Business Job Protection Act of 1996 (P.L.104-188), is a federal tax credit that encourages employers to hire targeted groups of job seekers by reducing employers' federal income tax liability by as much as \$2,400 per qualified new worker; \$750 if working 120 hours, or \$1,200 if working 400 hours or more per qualified summer youth.

**Update:** On October 4, 2004, the President signed into law the **Working Families Tax-Relief Act of 2004 (P. L. 108-311)**. This legislation extends the WOTC program and the **Welfare to Work** tax credits “without change” for a two-year period through December 31, 2005. The reauthorization is retroactive to December 31, 2003, and applies to new hires that began work for an employer on or after December 31, 2003 and before January 1, 2006.

The new employee must belong to one of a targeted group:

1. A member of a family that is receiving (or recently received) Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC);
2. An 18-24 year old member of a family that is receiving (or recently received) food stamps;
3. An 18-24 year old resident of one of the federally designated Empowerment Zones (EZs), Enterprise Communities (ECs), or Renewal Communities (RC).
4. A 16-17 year old EZ/EC or RC resident hired between May 1 and September 15 as a summer youth employee;
5. A veteran who is a member of a family that is receiving (or recently received) food stamps;
6. A disabled person who completed (or is completing) rehabilitative services from a state or the U.S. Department of Veterans Affairs;
7. An ex-felon who is a member of a low income family;
8. A recipient of Supplemental Security Income (SSI) benefits.

All new adult employees must work a minimum of 120 (or up to a maximum of 400) hours; summer youth must work at least 90 days between May 1 and September 15 before the employer is eligible to claim the tax credit.

The tax credit for new hires employed 400 or more hours or 180 days is 35 percent of qualified wages for the first year of employment and 50 percent for the second year. Qualified wages are capped at \$10,000 per year. Wages include tax-exempt amounts received under accident or health plans as well as educational assistance and dependent assistance programs.

To receive certification that a new employee qualifies for this tax credit, the employer must:

-Complete the one page IRS Form 8850 (**Appendix C**) by the day the job offer is made;

- Complete the one page ETA Form 9061 or Form 9062 (**Appendix D**);
  - if the new employee has already been conditionally certified as belonging to a WOTC target group, complete the bottom of ETA Form 9062 (and sign and date it) that he or she has been given by a State Employment Security Agency or participating agency.
  - if the new employee has not been conditionally certified, the employer and/or the new employee must fill out and complete, sign and date ETA Form 9061.
- Mail the signed IRS and ETA forms to the employer's State Employment Security Agency. The IRS form must be mailed within 21 days of the employee's employment start date.

### **Welfare-to-Work**

The Welfare-to-Work Tax Credit (WtW) is a federal income tax credit that encourages employers to hire long-term welfare recipients. Established by the Taxpayer Relief Act of 1997, this tax credit can reduce employers' federal tax liability by as much as \$8,500 per new hire.

You can get IRS Form 8850, the Work Opportunity and Welfare-to-Work Tax Credits Pre-Screening Notice and Certification Request, and instructions, by downloading from <http://www.irs.ustreas.gov>; or, by calling 1-800-829-1040. For more information call or visit your local public State Employment Security Agency whose address is located in the blue pages of the local telephone book. Information on how and where to find any of these services can be obtained by calling America's Workforce Network Toll-Free Help Line at 1-877-872-5627; or through the Internet at America's Service Locator at [www.servicelocator.org](http://www.servicelocator.org).

### **FEDERAL BONDING PROGRAM**

The federal bonding program is designed to help a job applicant get and keep a job. The program issues Fidelity Bonds and is sponsored by the U.S. Department of Labor. A fidelity bond is a business insurance policy that protects the employer in case of any loss of money or property due to employee dishonesty. To be eligible for the bond, the employer must schedule a date to start work. The Employment Service local office then requests The McLaughlin Company in Washington, DC, to issue to the employer a Fidelity Bond insurance policy covering the worker.

For further information call or write to Ron Rubbin, Federal Bonding Program, 1725 DeSales Street, NW, Suite 700, Washington, DC 20036. Telephone: 1-877-872-5627, or contact your state bonding coordinator. See **Appendix J** for a list of **State Bonding Coordinators**.)

### **UNICOR BONDING PROGRAM**

A new program, initiated in February, 2006 provides a \$5,000 fidelity bond for employed ex-federal prisoners who worked in Federal Prison Industries (UNICOR) for at least six months during incarceration. For additional information call the UNICOR bonding specialist at 202-305-4430.

## **WHAT OTHER PROGRAMS MAY BE HELPFUL TO ME?**

### **Credit Reporting**

You can request a free credit file disclosure, commonly called a credit report, once every 12 months from each of the nationwide consumer credit reporting companies: Equifax, Experian and TransUnion. Internet: <http://www.annualcreditreport.com>.

What is a credit file disclosure? A credit file disclosure provides you with all of the information in your credit file maintained by a consumer reporting company. It is information that could be provided by the consumer reporting company in a consumer report about you to a third party, such as a lender.

A credit file disclosure also includes a record of everyone who has received a consumer report about you from the consumer reporting company within a certain period of time—known as "an inquiry." The credit file disclosure includes certain information that is not included in a consumer report about you to a third party, such as the inquiries of companies for pre-approved offers of credit or insurance and account reviews, and any medical account information which is suppressed for third party users of consumer reports. You are entitled to receive a disclosure copy of your credit file from a consumer reporting company under federal law and the laws of various states.

You can request a free annual credit report by phone or mail and it will be mailed within 15 days, or call 1-877-322-8228 to request your credit reports by phone. You will go through a simple verification process over the phone and your report will be mailed to you. There is also a free request form that you can download from the website. You can request your credit report by mail by filling out the request form and mailing it to Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

### **Food Stamp Program**

The Food Stamp Program provides benefits to low-income people to buy food to improve their diets. Food stamp recipients spend their benefits (in the form of paper coupons or electronic benefits on debit cards) to buy eligible food in authorized retail food stores.

The Food Stamp Program serves as the first line of defense against hunger. It enables low-income families to buy nutritious food with coupons and Electronic Benefits Transfer (EBT) cards. EBT is an electronic system that allows a recipient to authorize transfer of their government benefits from a federal account to a retailer account to pay for products received. Visit the USDA's pre-screening tool at <http://foodstamps-step1.usda.gov>.

### **-Food Stamp Eligibility Criteria**

In order to qualify for this benefit program, you must fall into one of two groups: (1) those with a current bank balance (savings and checking combined) under \$2,001 who are responsible for a

person or persons age 60 and under; or (2) those with a current bank balance (savings and checking combined) under \$3,001 who are responsible for a person 61 and over.

Those group (1) and group (2) qualifiers must also have an annual household income of less than \$11, 677 if one person lives in the household; \$15,757 if two people live in the household; \$19,849 if three people live in the household; \$23,929 if four people live in the household; \$28,009 if five people live in the household; \$32,089 if six people live in the household; \$36,169 if seven people live in the household; or \$40,249 if more than seven people live in the household.

- Food Stamp Program and how to apply. Visit: <http://www.fns.usda.gov/fsp>
- Department of Agriculture. Visit: <http://www.usda.gov/>
- Food Stamp Program. Toll-free information number: 1-800-221-5689.

### **Housing**

Housing information can be obtained from the local department of housing. They are listed in the blue pages of the telephone book at your release destination. For those who do not have access to local information, contact the U.S. Department of Housing and Urban Development (HUD), 451 7<sup>th</sup> Street, S.W., Washington, DC 20410. Telephone: (202) 708-1112, TTY: (202) 708-1455. Ex-offenders are ineligible for public housing in some localities. For information about eligibility restrictions, call HUD at (202)-708-304?, or call toll-free 1-866-784-0492.

### **Homelessness Programs**

The Department of Health and Human Services offers many programs, grants, and services. These help persons who have become homeless. For more information, contact the U.S. Department of Housing and Urban Development, 4517th Street S.W., Washington, DC 20410.

Telephone: (202) 708-1112, TTY: (202) 708-1455, or contact the local department of health and human services in the blue pages of your telephone book. Internet: <http://www.hud.gov>.

Additional information can be obtained from The Emergency Food and Shelter (EFSP) National Board Program at 701 North Fairfax Street, Suite 310, Alexandria, VA 22314-2064; or, telephone **703-706-9660**, Fax: 703-706-9677. Internet: [www.efsp.unitedway.org](http://www.efsp.unitedway.org).

### **Social Security Administration (SSA)**

The SSA is responsible for administering retirement, survivors and disability benefits, and the Supplemental Security Income (SSI) program. For more information, check the blue pages of the telephone book or write to: Social Security Administration, 6401 Security Boulevard, Baltimore, Maryland, 21235. The national toll free number is **1-800-772-1213**; (TTY) 1-800-325-0778).

Internet: <http://www.ssa.gov>.

### **-Social Security Disability Insurance**

Social Security **disability** benefits can be paid only to people who have recently worked and paid Social Security taxes, and who are unable to work because of a serious medical condition that is expected to last at least a year or result in death. An individual that is a recent parolee or is unemployed does not qualify as a disability. No benefits are payable for months in which you are confined to a jail, prison, or other correctional facility. Social Security **retirement** benefits can only be paid to people who are 62 or older. Generally, you must have worked and paid taxes into Social Security for 10 years to be eligible, but your spouse or children, if they are eligible, can be paid benefits on your record.

### **-Supplemental Security Income (SSI)**

SSI benefits can be paid to people who are 65 or older, blind or disabled, and who have low income and few resources. No SSI benefits are payable for any month that you are in a jail, prison, or certain other public institutions.

### **-Ticket to Work Program**

The Ticket to Work and Work Incentive Improvement Act of 1999 provides an opportunity for people who receive social security disability benefits to work. It provides training and employment opportunities for disabled individuals while allowing them to continue to receive social security benefits. Contact Maximus, Inc., at their toll free numbers (866) 968-7842, or (866) 833-2967 (TTY). Internet: <http://www.yourtickettowork.com>.

### **-Social Security Work History**

In ensure accurate work information for your resume or sample application, you may want to request a statement of work history from the Social Security Administration. The form and instructions are in **Appendix E**.

### **Domestic Violence Issues**

The National Domestic Violence Hotline (NDVH) serves as the only center in the nation that is available for victims, friends and family who often call for life saving help. The hotline operates 24 hours a day in more than 140 languages: For assistance call: 1-800-799-7223 or 1-800-787-3224. Internet: <http://www.ndvh.org/>

### **Medical Assistance**

For information on medical assistance contact the health department at the location where you are released. You can find their number in the blue pages of the local telephone book. You may also write to The Department of Health and Human Services 200 Independence Ave, SW., Washington, DC 20201. Telephone: 1-877-696-6775 or 202-619-0257. Internet address <http://www.hhs.gov>. To find information about medicare call: **1-800-633-4227**.

## **Children and Families of Adult Offenders**

A directory of available programs can be downloaded at no charge at [www.nicic.org](http://www.nicic.org), or call Family and Connections Network at **434-589-3036**.

## **Child Support Enforcement**

The Child Support Enforcement (CSE) Program is a federal, state, and local effort to locate parents, their employers, and/or their assets; to establish paternity if necessary; and to establish and enforce child support orders. State and local CSE offices provide day to day operation of the program. The federal role is to provide funding, issue policies, ensure that federal requirements are met, and interact with other federal agencies that help support the CSE program.

In most states, CSE offices are listed under the human services agency in the local government section of the telephone directory. If there is not a separate listing, the human services agency information operator should be able to give you the number. State CSE agencies are listed below, including telephone numbers for local offices.

Call your CSE office to learn how to apply for enforcement services and what documents (birth certificates, financial statements, etc.) you need to provide. Internet: [www.acf.hhs.gov](http://www.acf.hhs.gov). They will answer your questions, or refer you to the state office that can. **Be sure to indicate your release destination.**

### **STATE CHILD SUPPORT ENFORCEMENT OFFICES**

Alabama	(334)	242-9300	Montana	(800)	346-5437
Alaska	(907)	269-6900	Nebraska	(402)	479-5510
Arizona	(602)	252-4045	Nevada	(775)	684-0705
Arkansas	(501)	682-8398	New Hampshire	(800)	852-3345
California	(866)	264-2445	New Jersey	(609)	588-2915
Colorado	(303)	866-4300	New Mexico	(505)	476-7207
Connecticut	(860)	424-4989	New York	(518)	474-9081
Delaware	(302)	326-6200	North Carolina	(919)	255-3800
DC	(202)	724-2131	North Dakota	(701)	224-3582
Florida	(850)	922-9590	Ohio	(614)	752-6561
Georgia	(800)	227-7993	Oklahoma	(405)	522-5871
Guam	(671)	475-3324	Oregon	(503)	986-6166
Hawaii	(808)	692-7000	Pennsylvania	(800)	727-7238
Idaho	(800)	356-9868	Puerto Rico	(787)	767-1500
Illinois	(800)	477-4278	Rhode Island	(401)	222-4368
Indiana	(317)	233-5437	South Carolina	(803)	898-9210
Iowa	(515)	281-5647	South Dakota	(605)	773-3641
Kansas	(785)	296-3237	Tennessee	(615)	313-4880
Kentucky	(502)	564-2285	Texas	(800)	252-8014
Louisiana	(225)	342-4780	Utah	(801)	536-8500
Maine	(800)	371-3101	Vermont	(802)	786-3214
Maryland	(410)	767-7606	Virgin Islands	(340)	777-3070
Massachusetts	(617)	626-4064	Virginia	(800)	257-9986
Michigan	(517)	373-7570	Washington	(360)	664-5441
Minnesota	(651)	215-1714	West Virginia	(800)	249-3778
Mississippi	(800)	434-5437	Wisconsin	(608)	266-9909
Missouri	(800)	859-7999	Wyoming	(307)	777-7631

**Source:** [http://ocse.acf.hhs.gov/int/directories/ext/IVd\\_all.cfm](http://ocse.acf.hhs.gov/int/directories/ext/IVd_all.cfm)

**Updated:** September 2005

### **AIDS Treatment Data Network**

The AIDS Treatment Data Network is an independent, community-based, not-for-profit, organization that provides treatment access and advocacy, case management, supportive counseling, and English and Spanish language information services to men, women, and children with AIDS, HIV and those co-infected with hepatitis. The nationwide toll-free number is: **212-260-8868** and **1-800-734-7104** in New York State. Internet: <http://www.atdn.org>.

### **-The National CDC STD/HIV Hotline**

The National CDC STD/HIV Hotline provides anonymous, confidential information on sexually transmitted diseases (STDs) and how to prevent them. It also provides referrals to clinical and other services. The nationwide toll-free number in English is **800-227-8922**, in Spanish it is **800-344-7432**, and TTY is **800-243-7889**. Internet: [www.cdc.gov/nchstp/dstd/hotlines.htm](http://www.cdc.gov/nchstp/dstd/hotlines.htm)

### **Mental Health and Chemical Dependency Resources**

Staff at the national/regional agencies listed below should be able to direct callers to mental health and chemical dependency resources in specified communities.

#### **National Mental Health Association**

2001 N. Boregard St. 12<sup>th</sup> Floor  
Alexandria, VA 22311  
(703) 684-7722 voice  
(703) 684-5968 fax  
(800) 969-6642 info line  
<http://www.nmha.org>

#### **Department of Health and Human Services**

National Health Information Center  
Referral Specialist  
P.O. Box 1133  
Washington, D.C. 20013-1133  
<http://www.hhs.gov/>

#### **National Alliance for the Mentally Ill**

Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3043  
(703) 524-7600 voice  
(800) 950-6264  
<http://www.nami.org>

#### **Substance Abuse and Mental Health Services Administration**

1 Choke Cherry Road  
Room 8-1036  
Rockville, MD 20857  
<http://www.samhsa.gov>

#### **SAMSHAS Workplace Program Helpline**

1-800-662-HELP

#### **The National Clearinghouse for Alcohol and Drug Information**

POB 2345  
Rockville, MD 20847-2345  
Call Toll Free: 1-800-729-6686  
Hablamos Español: 1-877-767-8432  
Local Callers: (301)468-2600  
Fax: (301) 468-6433  
<http://www.healthfinder.gov/orgs/HR0027.htm>

#### **National Mental Health Information Center**

P.O. Box 42557  
Washington, DC 20015  
1-800-789-2647  
866-889-2647 (TDD)

#### **American Council on Alcoholism**

1000 E. Indian Road  
Phoenix, AZ 85014  
(800) 527-5344 Toll Free  
<http://www.aca-usa.org/>

#### **United Way of America**

701 N. Fairfax Street  
Alexandria, VA 22314-2045  
(703) 836-7112  
<http://www.unitedway.org/>

**The Salvation Army**  
National Headquarters  
615 Slaters Lane  
P.O. Box 269  
Alexandria, VA 22313  
(703)-684-5500  
<http://www.salvationarmyusa.org/usn/>

**GovBenefits.gov**  
Government Benefits Internet Website provides a list of benefits you may be eligible to receive and information about how to apply for those programs. 1-800-FED-INFO (or 1-800-333-4636)  
<http://www.govbenefits.gov/>

## **HOW DO I GET MY BIRTH CERTIFICATE?**

To obtain a copy of a birth certificate in the United States, write or go to the vital statistics office in the state or area where the event occurred. To ensure that you receive an quick and accurate record upon your request, follow these steps:

- Make your letters concise and to the point.
- Don't include more than 1 or 2 requests at a time and be careful not to write confusing details of your family history.
- Type or print all names and addresses in your letter.
- Provide complete information each individual and event for which you need documents.
- Include all names, nicknames, and alternate spellings that were used. List dates and types of event as completely and accurately as possible. If you don't know the exact date, specify the span of years you wish searched and be prepared to pay for searches that span several years. Always provide a self addressed stamped envelope. Internet: <http://www.usbirthcertificate.net/google/>

### **Include the following information:**

- date of request
- full name (last name in caps)
- sex
- date of birth
- place of birth (city or town, county, state, and name of the hospital, if known)
- mother's maiden name
- father's name
- relationship to party
- the purpose for which the record is needed
- requestor's name and address
- requestor's driver's license number and state (some counties require it)
- requestor's signature

The addresses and telephone numbers of the state vital records contact offices are on the following page. You may call or write to them for vital documents. If you write, ask your counselor or case manager for assistance. **You should include a letter from your case manager or counselor indicating who you are or who you claim to be, and the purpose for requesting the record.**

## **State Contacts for Vital Documents**

Vital Records Fees for Services Are Subject to Change

(As of 1/27/2005)

### **Alabama**

Alabama Vital Records  
State Department of Public Health  
P.O. Box 5625  
Montgomery AL 36103-5625  
334-206-5418  
[http://ph.state.al.us/chs/VitalRecords/  
VRECORDS.HTML](http://ph.state.al.us/chs/VitalRecords/VRECORDS.HTML)

### **Alaska**

Department of Health and Social Services  
Bureau of Vital Statistics  
5441 Commercial Blvd.  
Juneau AK 99801  
907-465-3391  
<http://www.hss.state.ak.us/dph/bvs>

### **American Samoa**

American Samoa Government  
Bureau of Vital Statistics  
Pago Pago AS 96799  
684-633-1406

### **Arizona**

Office of Vital Records  
Arizona Department of Health Services  
P.O. Box 3887  
Phoenix AZ 85030-3887  
602-364-1300  
<http://www.hs.state.az.us>

### **Arkansas**

Division of Vital Records  
Arkansas Department of Health  
Slot #44  
4815 W Markham St  
Little Rock AR 72205-3867  
501-661-2174  
<http://www.healthyarkansas.com>

### **California**

Office of Vital Records  
Department of Health Services  
MS: 5103  
P.O. Box 997410  
Sacramento CA 95899-7410  
916-445-2684  
<http://www.dhs.ca.gov/hisp/chs/ovr/ordercert.htm>

### **Canal Zone**

Vital Records Section  
Passport Services  
US Department of State  
1111 19th St NW Suite 510  
Washington DC 20522-1705  
202-955-0307

### **Colorado**

Vital Records Section  
CO Department of Public Health and Environment  
4300 Cherry Creek Drive South  
HSVRD-VS-A1  
Denver CO 80246-1530  
303-692-2200  
<http://www.cdph.state.co.us/hs/certs.asp>

### **Connecticut**

Vital Records  
Department of Health Services  
150 Washington St  
Hartford CT 06106  
860-509-7897

### **Delaware**

Office of Vital Statistics  
Division of Public Health  
P.O. Box 637  
Dover DE 19903  
302-744-4549

### **District of Columbia**

Vital Records Office  
825 N Capitol St NE 1st Floor  
Washington DC 20002  
202-442-9009  
[www.dchealth.dc.gov](http://www.dchealth.dc.gov)

### **Florida**

Department of Health  
Office of Vital Statistics  
P.O. Box 210  
1217 Pearl St  
Jacksonville FL 32231-0042  
904-359-6900  
<http://www.doh.state.fl.us>

**Georgia**

Georgia Department of Human Resources  
Vital Records  
2600 Skyland Drive NE  
Atlanta GA 30319-3640  
404-679-4701  
<http://health/state.ga.us/programs>

**Guam**

Office of Vital Statistics  
Department of Public Health and Social Services  
Government of Guam  
P.O. Box 2816  
Agana, GU, M.I. 96910  
671-734-4589

**Hawaii**

State Department of Health  
Office of Health Status Monitoring  
Vital Statistics Section  
P.O. Box 3378  
Honolulu HI 96801  
808-586-4533  
<http://hawaii.gov/health/vital-records>

**Idaho**

Bureau of Health Policy and Vital Statistics  
1st Floor  
P.O. Box 83720  
Boise ID 83720-0036  
208-334-5988  
<http://heathandwelfare.idaho.gov>

**Illinois**

Division of Vital Records  
IL Department of Public Health  
605 W Jefferson St  
Springfield IL 62702-5097  
217-782-6553  
<http://www.idph.state.il.us>

**Indiana**

Vital Records Department  
State Department of Health  
2 North Meridian Street  
Indianapolis IN 46204  
317-233-2700  
<http://www.in.gov/isdh/index.htm>

**Iowa**

Iowa Department of Public Health  
Bureau of Vital Records  
Lucas Office Building  
1st Floor  
321 East 12th Street  
Des Moines IA 50319-0075  
515-281-4944

<http://www.idph.state.ia.us>

**Kansas**

Office of Vital Statistics  
Curtis State Office Building  
1000 SW Jackson Street  
Suite 120  
Topeka KS 66612-2221  
785-296-1400  
<http://www.kdhe.state.ks.us/vital>

**Kentucky**

Office of Vital Statistics  
Department for Health Services  
275 East Main Street  
Frankfort KY 40621-0001  
502-564-4212  
<http://publichealth.state.ky.us/vital.htm>

**Louisiana**

Office of Public Health  
Vital Records Registry  
POB 60630  
New Orleans LA 70112  
504-568-5152  
<http://www.dhh.state.la.us/statistics/vitalrecords>

**Maine**

Office of Vital Records  
Maine Department of Human Services  
244 Water Street  
11 State House Station  
Augusta ME 04333-0011  
207-287-3181  
<http://www.state.me.us>

**Maryland**

Division of Vital Records  
Department of Health and Mental Hygiene  
6550 Reisterstown Road  
P.O. Box 68760  
Baltimore MD 21215-0020  
410-764-3038  
<http://mdpublichealth.org/vsa>

**Massachusetts**

Registry of Vital Records and Statistics  
150 Mount Vernon Street/1st Floor  
Dorchester MA 02125-3105  
617-740-2600  
<http://www.state.ma.us/dph/bhsre/rvr/vrcopies.htm>

**Michigan**

Vital Records Request  
P.O. Box 30721  
Lansing MI 48909  
517-335-8656  
<http://www.michigan.gov/mdch>

**Minnesota**

Minnesota Department of Health  
Attention: Office of the State Registrar  
P.O. Box 9441  
Minneapolis MN 55440-9441  
612-676-5120  
<http://www.health.state.mn.us>

**Mississippi**

Vital Records  
State Department of Health  
P.O. Box 1700  
Jackson MS 39215-1700  
601-576-7981-01-576-7450 (recorded message)  
<http://www.msdh.state.ms.us>

**Missouri**

Missouri Department of Health and Senior Services  
Bureau of Vital Records  
930 Wildwood  
P.O. Box 570  
Jefferson City MO 65102-0570  
573-751-6387  
<http://www.dhss.state.mo.us/BirthAndDeathRecords/BirthAndDeathRecords.html>

**Montana**

Office of Vital Statistics  
MT Department of Public Health and Human Services  
111 N Sanders - Room 209  
P.O. Box 4210  
Helena MT 59604  
406-444-2685  
<http://www.dphhs.state.mt.us>

**Nebraska**

Vital Records  
301 Centennial Mall South  
P.O. Box 95065  
Lincoln NE 68509-5065  
402-471-2871  
<http://www.hhs.state.ne.us/ced/cedindex.htm>

**Nevada**

Office of Vital Records and Statistics  
Capitol Complex  
505 East King Street  
Room 0102  
Carson City NV 89710-4749

775-684-4280  
<http://health2k.state.nv.us>

**New Hampshire**

Bureau of Vital Records  
Health and Welfare Building  
29 Hazen Drive  
Concord NH 03301-6508  
603-271-4654  
<http://www.sos.state.nh.us/vitalrecords>

**New Jersey**

NJ Vital Statistics  
Customer Service Unit  
P.O. Box 370  
Trenton NJ 08625-0370  
609-292-4087  
<http://www.state.nj.us/health/vital/vital.htm>

**New Mexico**

New Mexico Vital Records  
P.O. Box 26110  
Santa Fe NM 87502  
505-827-2338  
<http://www.health.state.nm.us>

**New York** (except New York City)

Certification Unit  
Vital Records Section  
2nd Floor  
800 N Pearl St  
Menands, NY 12204  
518-474-3075  
<http://www.health.state.ny.us>

**New York City**

Office of Vital Records  
NY City Department of Health and Mental Hygiene  
125 Worth St/CN4  
Room 133  
New York, NY 10013-4090  
212-788-4520  
<http://www.nyc.gov/health>

**North Carolina**

NC Vital Records  
1903 Mail Service Center  
Raleigh NC 27699-1903  
919-733-3526  
<http://www.schs.state.nc.us/SCHS>

**North Dakota**

Division of Vital Records  
600 East Boulevard Avenue  
Dept. 301  
Bismarck ND 58505-0200  
701-328-2360

<http://www.vitalnd.com>

**Northern Mariana Islands**

Commonwealth Recorder  
Superior Court  
Vital Records Section  
POB 37  
Saipan MP 96950  
670-236-9830 (phone)  
670-236-9831 (fax)

**Ohio**

Vital Statistics  
Ohio Department of Health  
246 N High Street  
1st Floor  
Columbus OH 43216  
614-466-2531  
<http://www.vitalrec.com/oh.html>

**Oklahoma**

Vital Records Service  
State Department of Health  
1000 Northeast 10th Street  
Oklahoma City OK 73117  
405-271-4040  
<http://www.ealth.state.ok.us/programs/vital/brec.html>

**Oregon**

Oregon Vital Records  
P.O. Box 14050  
Portland OR 97293-0050  
503-731-4095  
<http://www.oregon.gov/DHS/ph/>

**Pennsylvania**

Division of Vital Records  
101 South Mercer Street  
Room 401  
P.O. Box 1528  
New Castle PA 16101  
724-656-3100  
<http://www.dsf.health.state.pa.us>

**Puerto Rico**

Department of Health  
Demographic Registry  
P.O. Box 11854  
Fernandez Juncos Station  
San Juan PR 00910  
787-767-9120

**Rhode Island**

Office of Vital Records  
Rhode Island Department of Health  
3 Capitol Hill Room 101  
Providence RI 02908-5097

401-222-2811

<http://www.health.state.ri.us>

**South Carolina**

Office of Vital Records  
SC DHEC  
2600 Bull Street  
Columbia SC 29201  
803-898-3630  
<http://www.scdhec.et/vr>

**South Dakota**

Vital Records  
State Department of Health  
600 East Capitol Avenue  
Pierre SD 57501-2536  
605-773-4961  
<http://www.state.sd.us/doh/vitalrec/vital.htm>

**Tennessee**

Tennessee Vital Records  
Central Services Building  
421 5th Avenue, North  
Nashville TN 37247  
615-741-1763  
<http://www2.state.tn.us/health/vr/index.htm>

**Texas**

Bureau of Vital Statistics  
Texas Department of Health  
P.O. Box 12040  
Austin TX 78711-2040  
512-458-7111  
<http://www.dshs.state.tx.us/vs/>

**Utah**

Office of Vital Records and Statistics  
Utah Department of Health  
288 North 1460 West  
P.O. Box 141012  
Salt Lake City UT 84114-1012  
801-538-6105  
<http://www.health.utah.gov/vitalrecords>

**Vermont**

Vermont Department of Health  
Vital Records Section  
P.O. Box 70  
108 Cherry Street  
Burlington VT 05402-0070  
802-863-7275  
[www.healthyvermonters.info/hs/vital/vitalhome.shtml](http://www.healthyvermonters.info/hs/vital/vitalhome.shtml)

**Virginia**

Office of Vital Records  
P.O. Box 1000  
Richmond VA 23218-1000  
804-662-6200  
<http://www.vdh.state.va.us>

**Virgin Islands**

Department of Health  
Vital Statistics  
Charles Harwood Memorial Hospital  
St. Croix VI 00820  
340-774-9000/ext. 4685 or 4686

**Washington**

Department of Health  
Center for Health Statistics  
P.O. Box 9709  
Olympia WA 98507-9709  
360-236-4300  
<http://www.doh.wa.gov/ehsph/chs/cert.htm>

**West Virginia**

Vital Registration Office  
Room 165  
350 Capitol Street  
Charleston WV 25301-3701  
304-558-2931  
<http://www.nvdhhr.org>

**Wisconsin**

Wisconsin Vital Records Office  
1 West Wilson Street  
P.O. Box 309  
Madison WI 53701-0309  
608-266-1371  
<http://www.dhfs.state.wi.us/vitalrecords>

**Wyoming**

Vital Records Services  
Hathaway Building  
Cheyenne WY 82002  
307-777-7591  
[http://www.wdhfs.state.wy.us/vital\\_records](http://www.wdhfs.state.wy.us/vital_records)

**HOW DO I GET MY DRIVER'S LICENSE?**

A driver's license is the best form of picture identification and can be a useful in your employment search. Contact the state department of motor vehicles where you will be released for information on how to reinstate or obtain a driver's license. Be sure to include your name, birth date, address, and social security number in your correspondence.

**A list of "State Contacts for Driver License Information" is provided on the next page.**

## State Contacts for Driver License Information

(as of 1/27/2005)

Find Updated DMV addresses at

<http://www.onlinedmv.com/mailingaddresses.htm>

### **Alabama Department of Public Safety**

500 Dexter Avenue  
Montgomery, AL 36104  
(334) 242-4400

### **Alaska Dept. of Motor Vehicles**

2150 E. Dowling Road  
Anchorage, AK 99507  
(907) 269-5551

### **Arizona Department of Transportation**

Motor Vehicles Division  
P. O. Box 2100  
Phoenix, AZ 85001-2100  
(602) 255-0072

### **Arkansas Office of Driver Services**

7th & Wolfe Street  
Ragland Building  
Little Rock, AR 72203  
(501) 682-7060

### **California Department of Motor Vehicles**

4700 Broadway  
Sacramento, CA 95820  
(800) 777-0133

### **Colorado Department of Revenue**

Motor Vehicle Division  
1881 Pierce Street  
Lakewood, CO 80214  
(303) 205-5600

### **Connecticut Department of Motor Vehicles**

60 State Street  
Wethersfield, CT 06161  
(860) 263-5700

### **Delaware Department of Motor Vehicles** Division of Motor Vehicle Division

P.O. Box 698  
Dover, DE 19903  
(302) 744-2500

### **District of Columbia**

Bureau of Motor Vehicle Services  
301 "C" Street, NW  
Washington, DC 20001-2100  
(202) 727-5000

### **Florida Department of Motor Vehicles**

Driver Privacy Protection Act Requests  
2900 Apalache Pkwy, Room B435  
Neil Kirkman Bldg  
Tallahassee, FL 32399  
(850) 922-9000

### **State of Georgia Department of Public Safety**

Driver Services Division  
959 East Confederate Avenue SE  
Atlanta, GA 30316  
(404) 657-9300

### **Hawaii Transportation Department**

Driver License Section  
POB 30340  
Honolulu, HI 96820-0340  
(808) 832-2904

### **Idaho Transportation Department**

Division of Motor Vehicles  
P. O. Box 7129  
Boise, ID 83707-1129  
(208) 334-8000

### **Illinois Motorist Services**

Vehicle Services Department  
Record Inquiry Section  
501 South 2nd Street  
Springfield, IL 62756  
(217) 782-6212

### **Indiana Bureau of Motor Vehicles**

100 North Senate Avenue  
Room N440  
Indianapolis, IN 46204  
(317) 233-2349

### **Iowa Office of Driver Services**

Park Fair Mall  
100 Euclid Avenue  
Des Moines, IA 50306-9204  
(515) 237-3202

**Kansas Department of Motor Vehicles**

Docking State Office Building  
915 S.W. Harrison Street  
1<sup>st</sup> Floor  
Topeka, KS 66625  
(913) 296-3963

**Kentucky Division of Vehicle Licensing**

Title Branch  
P.O. Box 2014  
Frankfort, KY 40602  
(502) 564-6800

**Louisiana Office of Motor Vehicles**

P. O. Box 64886  
Baton Rouge, LA 70896  
(877) 368-5463

**Maine Bureau of Motor Vehicles**

Secretary of State  
29 State House Station  
Augusta, ME 04333-0029  
(207) 624-9060 (Ext. 52114)

**Maryland Motor Vehicle Administration**

6601 Ritchie Highway  
Glen Burnie, MD 21062  
(410) 768-7274

**Massachusetts Registry of Motor Vehicles**

P.O. Box 199100  
Boston, MA 02119-9100  
(617) 351-4500

**Michigan Department of State**

Driver and Vehicle Records  
7064 Crowner Drive  
Lansing, MI 48918  
(517) 322-1460

**Minnesota Department of Public Safety**

Driver and Vehicle Services  
445 Minnesota Street  
St. Paul, MN 55101  
(651) 296-6911

**Mississippi Driver Services Bureau**

P. O. Box 958  
Jackson, MS 39205  
(601) 987-1200

**Missouri Department of Motor Vehicles**

P. O. Box 629  
Jefferson City, MO 65105  
(573) 751-4509

**Montana Motor Vehicle Division**

P. O. Box 201430  
303 North Roberts  
Helena, MT 59620-1430  
(406) 444-4536

**Nebraska Department of Motor Vehicles**

301 Centennial Mall South  
Lincoln, NE 68509  
(402) 471-2281  
TDD: (402) 471-4154

**Nevada Department of Motor Vehicles and Public Safety**

555 Wright Way  
Carson City, NV 89711-0400  
(702) 775-4368

**New Hampshire Department of Safety  
Division of Motor Vehicles**

James H. Hayes Bldg  
Ten Hazen Drive  
Concord, NH 03305  
(603) 271-2373 or 2372

**New Jersey Motor Vehicle Commission**

POB 160  
Trenton, NJ 08666  
609-292-6500  
TDD: (609) 292-5120

**New Mexico Taxation & Revenue Dept.**

Motor Vehicle Division  
P. O. Box 1028  
Joseph Montoya Building  
Santa Fe, NM 87504-1028  
1-888-MVD-INFO

**New York State Dept. of Motor Vehicles**

6 Empire State Plaza  
Albany, NY 12228  
Upstate: 1-800-CALL-DMV  
516, 914 area: 1-800-DIAL-DMV  
212 area 645-5550, Spanish: 645-4465  
718 area 966-6155, Spanish: 966-6230

**North Carolina Division of Motor Vehicles**

1100 New Bern Avenue  
Raleigh, NC 27697  
(919) 715-7000

**North Dakota Division of Motor Vehicles**

Driver's License Traffic Safety  
Second Floor  
608 East Boulevard Avenue  
Bismark, ND 58505-0700  
(701) 328-2601

**Ohio Bureau of Motor Vehicles**

1970 West Broad Street  
Columbus, Ohio 43223  
(614) 752-7600  
TDD: (614) 752-7681

**Oklahoma Department of Public Safety**

Accident Records Division  
3600 North Martin Luther King Boulevard  
Oklahoma City, OK 73111  
(405) 425-2424

**Oregon Driver & Motor Vehicle Services Branch**

1905 Lana Avenue  
Salem, OR 97314  
(503) 945-5000

**Pennsylvania Department of Transportation**

Driver and Vehicle Services  
1101-1125 South Front Street  
Harrisburg, PA 17104  
(717) 391-6190  
1-800-932-4600  
TDD: 1-800-228-0676

**Rhode Island Motor Vehicles**

286 Main Street  
Pawtucket, RI 02860  
(401) 277-2970, ext. 2039

**South Carolina Division of Motor Vehicles**

P. O. Box 1498  
Columbia, SC 29216  
(803) 896-0000  
1-800-442-1DMV

**South Dakota Department of Revenue**

Division of Motor Vehicles  
445 East Capitol Avenue  
Pierre, SD 57501-3185  
(605) 773-5335

**Tennessee Department of Safety**

Driver License Issuance Division  
1150 Foster Avenue  
Nashville, Tennessee 37249-1000

(615) 741-3954  
TDD: (615) 532-2281

**Texas Department of Transportation**

Correspondence Section  
P. O. Box 12098  
Austin, TX 78711-2098  
(512) 465-7611

**The Utah Driver License Division**

4501 South 2700 West  
Salt Lake City, Utah 84119  
(801) 965-4437  
(801) 965-4496 (fax)

**State of Vermont**

Department of Motor Vehicles  
State Office Building, 120 State Street  
Montpelier, Vermont 05601  
(802) 828-2000

**Virginia Department of Motor Vehicles**

P. O. Box 27412  
Richmond, VA 23269  
(804) 367-0538 (Richmond & vicinity)  
(757) 461-1919 (Tidewater)  
(804) 309-1500 (Western Virginia)  
(703) 761-4655 (Northern Virginia)

**Washington Department of Licensing**

1125 Washington Street, SE  
P. O. Box 9020  
Olympia, WA 98507-9020  
(360) 902-3600  
TDD (360) 664-8885

**West Virginia Division of Motor Vehicles**

1800 Kanawha Boulevard East  
Charleston, WV 25317  
1-800-642-9066  
(304) 558-3900

**Wisconsin Division of Motor Vehicles**

P.O. Box 7918  
Madison, WI 53707-7918  
(608) 266-1466

**Wyoming Department of Transportation**

Driver Services Division  
P. O. Box 1708  
Cheyenne, WY 82003-1708  
(307) 777-4800

## **Ready4Work Initiative**

The Ready4Work Initiative demonstration program addresses the critical needs of ex-offenders through faith-based and community organizations. This program is a collaborative effort among the Department of Labor, the Department of Justice, Public/Private Ventures, and the Annie E. Casey Foundation. The initiative seeks to reduce recidivism by focusing on case management, mentoring, and job training/placement. Business, faith, justice, and community groups cooperate to deliver these services.

The faith-based and community organizations provide volunteer mentors to help ex-offenders become job-ready so they can be referred directly to an employer.

Ready4Work programs will operate in 16 national sites across the U.S. until 2006. (See **Appendix I**) Please contact the Department of Labor, Center for Faith-Based and Community Initiatives, 200 Constitution Ave., Room S-2235, Washington, DC 20210; or, call (202) 693-6450 for additional information. Internet: <http://www.dol.gov/cfbci/Ready4Work.htm>

## **Veterans Vocational Rehabilitation and Employment Service (VR&E)**

Vocational Rehabilitation and Employment is the VA program that assists veterans with service-connected disabilities to achieve employment or to enhance their ability to function independently at home and in the community.

Benefits include burial, pension, health, home loan, education, life insurance, and vocational rehabilitation. If you are a veteran and want to find out if you are eligible for benefits, contact the VA on their toll-free telephone number at 1-800-827-1000.

For a free pamphlet, *Federal Benefits for Veterans and Dependents*, contact the Veterans Administration, Office of Public Affairs (80D), 810 Vermont Ave, NW., Washington, DC 20420. To apply for Vocational Rehabilitation and Independent Living Services call the toll-free telephone number, 1-800-827-1000 to request VA Form 28-8832.

### **-Other VA Provided Services and Their Application Procedures:**

The VA also provides available vocational and educational guidance and counseling to assist service-members, veterans, and certain dependents of veterans select appropriate career goals and training institutions that use VA educational benefits. Call the nationwide VA toll-free telephone number, 1-800-827-1000 to request VA Form 28-8832, Application for Vocational-Educational Counseling. Internet: Click <http://www.vba.va.gov/pubs/educationforms.htm> for an application for education benefits; or, click <http://www.gibill.va.gov/> to access the VA's education web site. If you would like additional information on any of the VA Education programs, please contact the nearest [http://www.vba.va.gov/bln/vre/regional\\_offices.htm](http://www.vba.va.gov/bln/vre/regional_offices.htm).

## HOW CAN I GET MONEY TO CONTINUE MY EDUCATION?

### Federal Student Financial Aid

Federal Student Aid Information Center

1-800-4-FED-AID

P.O. Box 84

OR

(1-800-433-3243)

Washington, DC 20044

Federal Student Financial Aid consists of Stafford Loans, PLUS Loans, Consolidation Loans, Federal Supplemental Educational Opportunity Grants (FSEOGs), Federal Work-Study, Federal Perkins Loans, and Pell Grants. A Federal Pell Grant, unlike a loan, does not have to be repaid. Generally, Pell Grants are awarded only to undergraduate students who have not earned a bachelor's or professional degree. (A professional degree is usually earned after earning a bachelor's degree in a field such as medicine, law, or dentistry.)

#### **-Special Note** for those with drug convictions:

A law enacted in July 1, 2001 suspends aid eligibility for students convicted under federal or state law of sale or possession of drugs. If you have been convicted for selling drugs, you will be ineligible for two years from the date of your conviction after the first offense, and indefinitely after the second offense. Call 1-800- 433-3243 for more information, or go to [www.fafsa.ed.gov](http://www.fafsa.ed.gov), click on "Worksheets" in the left column, then select "Drug Worksheet." Even if you're ineligible for federal aid, you should complete the FAFSA because schools and states use the information in awarding nonfederal aid. You must complete Question 31 of the FAFSA; if you leave it blank, you'll automatically become ineligible for federal student aid.

If you lose eligibility, you can regain it early by successfully completing an approved drug rehabilitation program. However, a conviction prior to July 1, 2000 could still affect your eligibility if you were convicted for the first time for drug possession on February 1, 2000. You would then be ineligible for SFA program assistance from July 1, 2000 (the implementation date of the law) through January 31, 2001 (one year from the date of the conviction). Instructions on the FAFSA will help you to determine your eligibility under this law. **Remember, just because you were convicted does not automatically mean you still are ineligible for federal aid.**

If you are ineligible for federal aid, you should complete the FAFSA because you may be eligible for non-federal aid from states and private institutions. If you regain eligibility during the award year, notify the financial aid administrator at the school that you attend immediately. If you are convicted of a drug-related offense after you submit the FAFSA, you may lose eligibility for federal student aid and you may be liable to return any financial aid received during a period of ineligibility. When you apply for aid from the SFA programs, the U. S. Department of Education verifies some of your information with the following federal agencies: Social Security Administration, Selective Service System, Immigration and Naturalization Service, Department of Justice, and Department of Veterans Affairs.

### **Special Education Assistance**

The National Association of Private Special Education Centers (NAPSEC) is a non-profit association whose mission is to represent private special education programs and affiliated state associations and to ensure access for individuals to appropriate private special education programs and services as vital components of the special education continuum.

You can contact them at: **NAPSEC**, 1522 K Street, NW, Suite 1032, Washington, DC 20005. Phone: 202-408-3338; Fax: 202-408-3340; Email: [napsec@aol.com](mailto:napsec@aol.com). Internet: [www.napsec.org](http://www.napsec.org)

### **Ex-offenders Voting Rights by States**

Convicted felons and ex-offenders typically lose their right to vote in state and federal elections. While almost all states have “disenfranchisement” laws, states have absolute power to decide whether someone with a criminal record can vote. Only two states, Maine and Vermont, do not place restrictions on a ex-offenders right to vote. Listed below are the number states that place some restrictions on the right to vote for people with felony convictions:

- 12 states have lifetime bans on voting for some or all people convicted of crimes;
- 5 states prohibit voting for life by those convicted of certain classes of crimes;
- 7 states have a lifetime bar that may be lifted only if the state grants a formal “restoration of civil rights”;
- 18 states bar people from voting while they are incarcerated or serving parole or probation sentences;
- 6 states bar people from voting while they are incarcerated or on parole;
- 12 states deny voting rights to people only while they are incarcerated.

See **Appendix H** for a current summary by state of the voting rights provisions.

# **JOB SEARCH INFORMATION**

**Adapted from the U.S. Department of Labor publication, "Tips for Finding the Right Job."**

### **Tips for the ex-offender**

Dealing with potential employers is never an easy task for clients with criminal records. Ex-offenders who lie on a job application may get hired, but then fired if their record becomes known. Those who are honest may feel like they never even get a chance. Although there are no magic formulas for dealing with this sensitive situation, the following hints may be helpful. See your release preparation coordinator for more information.

To tell or not to tell. It's up to you, but we recommend honesty. On the application, write "will discuss in interview" rather than a lengthy explanation of past convictions. In an interview, keep explanations short and stress what you learned in prison and what your skills and assets are. Be positive!

- Gaps in employment due to time served.** If you had a job in prison, list this. Under salary, write "minimum wage." After all, a dollar a day was the minimum wage! Again, be positive and stress that although incarcerated, you have been working and acquiring valuable experience.
- Reason for leaving.** Avoid negative words like "went to jail" or "paroled." Instead put "relocated" or "contract ended." Both are true.
- The interview.** Relax--be comfortable discussing the conviction. Practice ahead of time and maintain eye contact. Again, keep explanations short and focus on what you have to offer the employer. Believe in yourself and it will show.

### **Applications**

If you are asked, about felony convictions on the application, put "will discuss during interview." Since the purpose of an application is to get an interview for the job, putting "will discuss" instead of the possibly damaging information, you are encouraging the employer to either give you the interview to get more information, or eliminate you without really knowing why. If you are a qualified applicant, most employers will want to interview you.

**Remember:** When you fill out an application in a company's employment office you should be groomed and dressed as if you were going on an interview. Sometimes you will be interviewed on the spot. When you file an application don't forget about it and hope the employer calls you. Follow-up--usually after 5-7 days. A phone call to check on the status of your application is recommended. In fact, the best advice any job seeker can get is "Don't give up!" There will probably be many "nos" before you get a job. However, if you're willing to work at getting a job, you will be successful. Good luck!

## **Phone Script**

### **FOR CLASSIFIED AD:**

Hello, my name is \_\_\_\_\_. I'm calling about the (job title) position advertised in (name of newspaper & edition, i.e. Sunday's, yesterday's)\_\_\_\_\_.

I've had (number of years, or use "a lot" instead of a specific number of years)\_\_\_\_\_ of experience in this field and would like to set up a time for us to get together and discuss this job in more detail.

### **FOR COLD CALL:**

Hello, my name is \_\_\_\_\_. I'm calling to see if you have any openings for (job your interested in)\_\_\_\_\_. I've had (number of years, or use "a lot" instead of a specific number of years)\_\_\_\_\_ of experience in this field and would like to set up a time for us to get together and discuss this job in more detail.

### **IF THEY DON'T HAVE OPENINGS**

Would it be possible for me to come down and fill out an application in case any positions become available? Do you know of any (job title)\_\_\_\_\_ openings in the area?

### **Remember:**

- ▶ Be polite. Whether you get the results you want or not, thank the person for taking the time to speak with you.
- ▶ Be prepared to answer questions about your background and/or experience.
- ▶ Have a pen and paper handy to take down information or directions.
- ▶ Be prepared to set up an interview.

This script will give you an idea of how to talk to an employer on the phone. You should always use your own words and use language with which you are comfortable. **AVOID SLANG.**

### **EXPLAINING A FELONY CONVICTION TO AN EMPLOYER**

For an ex-offender, the most dreaded part of the job search can be explaining a felony conviction to a potential employer. Many ex-offenders have never honestly answered the question, "Have you ever been convicted of a crime?" on an application. As a result, they drift in and out of employment, staying with a job until the employer finds out through a background check, a call from a parole agent, or some other way.

Ex-offenders may be fired for falsifying information on their job application, not because they are ex-offenders. A company may hire ex-offenders, but have a policy of terminating anyone for lying on the application.

It is up to you whether you tell an employer about felony convictions. But we believe that *“honesty is the best policy.”* Our experience shows that *HOW* you communicate this information makes a difference. You must see yourself as a worthwhile and valuable asset who has the skills and abilities an employer needs, not as an ex-convict unworthy of employment. You need a positive self-image and confidence in your skills and abilities.

The federal Work Opportunity Tax Credit (WOTC) is available as an incentive to hire ex-offenders and others who may have difficulty in getting work. The Federal Bonding Program, in states where it is available, allows employers to hire ex-felons and bond them. These incentives, along with your positive attitude and qualifications, can make you an attractive job candidate.

**SAMPLE JOB APPLICATION**

**Sample Job Application**

The following sample job application will give you an idea of what to expect when you apply for a job. You may be asked to fill out an application on the day of the interview, so make sure you are prepared to provide any necessary information about yourself and your employment history.

***Retail Systems Corporation--Application for Employment***

**Personal Information**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Have you ever applied for employment with us?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when?: \_\_\_\_\_

**Position Desired**

Title: \_\_\_\_\_

Desired Salary: \$ \_\_\_\_\_

If you prefer to work in a different zip code than where you currently live, please indicate where you would like to be located below.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Work Eligibility**

Are you eligible to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you available to work holidays? Yes: \_\_\_\_\_ No: \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

Are you 17 or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years? \* Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have other special training or skills (additional spoken or written languages, computer software knowledge, machine operation experience, etc.)?

How did you hear of our organization?

\*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.

**Availability**

Days Available

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Th. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Total Hours Available: \_\_\_\_\_ Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ # of Years Completed: \_\_\_\_\_

Did You Graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Degree: \_\_\_\_\_

**Employment History**

Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable.

**Position #1**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Position #2**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Position #3**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Agreement of the Transfer of Information**

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the Company's pre-employment policy.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason, and that RSC retains the same rights. No RSC representative has the authority to make any contrary agreement.

I understand it is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and/or civil liabilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**IRS FORM 8850**

# Instructions for Form 8850

(Rev. October 2002)



Department of the Treasury  
Internal Revenue Service

## Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

Section references are to the Internal Revenue Code unless otherwise noted.

### General Instructions

#### Changes To Note

- The categories of high-risk youth and summer youth employees now include qualified individuals who live in renewal communities and begin work for you after December 31, 2001.
- The work opportunity credit and the welfare-to-work credit are now allowed for qualified individuals who begin work for you before January 1, 2004.

#### Purpose of Form

Employers use Form 8850 to pre-screen and to make a written request to a state employment security agency (SESA) to certify an individual as:

- A member of a targeted group for purposes of qualifying for the work opportunity credit or
- A long-term family assistance recipient for purposes of qualifying for the welfare-to-work credit.

Submitting Form 8850 to the SESA is but one step in the process of qualifying for the work opportunity credit or the welfare-to-work credit. The SESA must certify the job applicant is a member of a targeted group or is a long-term family assistance recipient. After starting work, the employee must meet the minimum number-of-hours-worked requirement for the work opportunity credit or the minimum number-of-hours, number-of-days requirement for the welfare-to-work credit. The employer may elect to take the applicable credit by filing **Form 5884**, Work Opportunity Credit, or **Form 8861**, Welfare-to-Work Credit.

**Note:** Do not use Form 8850 with respect to New York Liberty Zone business employees. Certification is not required for these employees. See **Form 8884**, New York Liberty Zone Business Employee Credit, for details.

#### Who Should Complete and Sign the Form

The job applicant gives information to the employer on or before the day a job offer is made. This information is entered on Form 8850. Based on the applicant's information, the employer determines whether or not he or she believes the applicant is a member of a targeted group (as defined under **Members of Targeted Groups** on page 2) or a long-term family assistance recipient (as defined under **Welfare-to-Work Job Applicants** on page 2). If the employer believes the applicant is a member of

a targeted group or a long-term family assistance recipient, the employer completes the rest of the form no later than the day the job offer is made. Both the job applicant and the employer must sign Form 8850 no later than the date for submitting the form to the SESA.

### Instructions for Employer

#### When and Where To File

**Do not** file Form 8850 with the Internal Revenue Service. Instead, file it with the work opportunity tax credit (WOTC) coordinator for your SESA no later than the 21st day after the job applicant begins work for you. You may be able to file Form 8850 electronically. See Announcement 2002-44 for details. You can find Announcement 2002-44 on page 809 of Internal Revenue Bulletin 2002-17 at [www.irs.gov/pub/irs-irbs/irb02-17.pdf](http://www.irs.gov/pub/irs-irbs/irb02-17.pdf).

To get the name, address, phone and fax numbers, and e-mail address of the WOTC coordinator for your SESA, visit the Department of Labor Employment and Training Administration (ETA) web site at [www.ows.doleta.gov/employ/tax.asp](http://www.ows.doleta.gov/employ/tax.asp).

#### Additional Requirements for Certification

In addition to filing Form 8850, you must complete and send to your state's WOTC coordinator **either**:

- **ETA Form 9062**, Conditional Certification Form, if the job applicant received this form from a participating agency (e.g., the Jobs Corps) **or**
- **ETA Form 9061**, Individual Characteristics Form, if the job applicant did not receive a conditional certification.

You can get ETA Form 9061 from your local public employment service office, or you can download it from the ETA web site at [www.ows.doleta.gov](http://www.ows.doleta.gov).

#### Recordkeeping

Keep copies of Forms 8850, along with any transmittal letters that you submit to your SESA, as long as they may be needed for the administration of the Internal Revenue Code provisions relating to the work opportunity credit and the welfare-to-work credit. Records that support these credits usually must be kept for 3 years from the date any income tax return claiming the credits is due or filed, whichever is later.

## Members of Targeted Groups

A job applicant may be certified as a member of a targeted group if he or she is described in one of the following groups.

**1. Qualified IV-A recipient.** A member of a family receiving assistance under a state plan approved under part A of title IV of the Social Security Act relating to Temporary Assistance for Needy Families (TANF). The assistance must be received for any 9 months during the 18-month period that ends on the hiring date.

**2. Qualified veteran.** A veteran who is a member of a family receiving assistance under the Food Stamp program for generally at least a 3-month period during the 15-month period ending on the hiring date. See section 51(d)(3). To be considered a **veteran**, the applicant must:

- Have served on active duty (not including training) in the Armed Forces of the United States for more than 180 days or have been discharged for a service-connected disability and

- Not have a period of active duty (not including training) of more than 90 days that ended during the 60-day period ending on the hiring date.

**3. Qualified ex-felon.** An ex-felon who:

- Has been convicted of a felony under any Federal or state law,

- Is hired not more than 1 year after the conviction or release from prison for that felony, and

- Is a member of a family that had income on an annual basis of 70% or less of the Bureau of Labor Statistics lower living standard during the 6 months preceding the earlier of the month the income determination occurs or the month in which the hiring date occurs.

**4. High-risk youth.** An individual who is at least 18 but not yet 25 on the hiring date and lives in an empowerment zone, enterprise community, or renewal community.

**5. Vocational rehabilitation referral.** An individual who has a physical or mental disability resulting in a substantial handicap to employment and who was referred to the employer upon completion of (or while receiving) rehabilitation services under a state plan of employment or a program approved by the Department of Veterans Affairs.

**6. Summer youth employee.** An individual who:

- Performs services for the employer between May 1 and September 15,

- Is age 16 but not yet age 18 on the hiring date (or if later, on May 1),

- Has never worked for the employer before, and

- Lives in an empowerment zone, enterprise community, or renewal community.

**7. Food stamp recipient.** An individual who:

- Is at least age 18 but not yet age 25 and

- Is a member of a family that—

- a. Has received food stamps for the 6-month period ending on the hiring date or

- b. Is no longer eligible for such assistance under section 6(o) of the Food Stamp Act of 1977, but the family received food stamps for at least 3 months of the 5-month period ending on the hiring date.

**8. SSI recipient.** An individual who is receiving supplemental security income benefits under title XVI of the Social Security Act (including benefits of the type described in section 1616 of the Social Security Act or section 212 of Public Law 93-66) for any month ending within the 60-day period ending on the hiring date.

**Empowerment zones, enterprise communities, and renewal communities.** For details about rural empowerment zone and enterprise communities, you can access [www.ezec.gov](http://www.ezec.gov), call 1-800-645-4712, or contact your SESA. For details on all empowerment zones, enterprise communities, and renewal communities, you can access <http://hud.esri.com/locateservices/ezec>. You can also call HUD at 1-800-998-9999 for details on renewal communities, urban empowerment zones, and urban enterprise communities.

**Note:** *Parts of Washington, DC, are treated as an empowerment zone. For details, see section 1400 and Notice 98-57, 1998-2 C.B. 671 (you can find Notice 98-57 on page 9 of Internal Revenue Bulletin 1998-47 at [www.irs.gov/pub/irs-irbs/irb98-47.pdf](http://www.irs.gov/pub/irs-irbs/irb98-47.pdf)). Also, there are no areas designated in Puerto Rico, Guam, or any U.S. possession.*

## Welfare-to-Work Job Applicants

An individual may be certified as a long-term family assistance recipient if he or she is a member of a family that:

- Has received TANF payments for at least 18 consecutive months ending on the hiring date, **or**

- Receives TANF payments for any 18 months (whether or not consecutive) beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**

- Stopped being eligible for TANF payments because Federal or state law limits the maximum period such assistance is payable **and** the individual is hired not more than 2 years after such eligibility ended.

### Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

► See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Telephone number ( ) - \_\_\_\_\_

If you are under age 25, enter your date of birth (month, day, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Work Opportunity Credit

- 1  Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.
- 2  Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
  - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
  - I was referred here by a rehabilitation agency approved by the state or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 25 or older and I am a member of a family that:
    - a Received food stamps for the last 6 months **or**
    - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
  - Within the past year, I was convicted of a felony or released from prison for a felony **and** during the last 6 months I was a member of a low-income family.
  - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

#### Welfare-to-Work Credit

- 3  Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 4  Check here if you are a member of a family that:
- Received TANF payments for at least the last 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
  - Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.

#### All Applicants

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For Employer's Use Only

Employer's name \_\_\_\_\_ Telephone no. ( ) - \_\_\_\_\_ EIN ▶ \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. ( ) - \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under **Members of Targeted Groups** in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:	Gave information	/ /	Was offered job	/ /	Was hired	/ /	Started job	/ /
-----------------	------------------	-----	-----------------	-----	-----------	-----	-------------	-----

Under penalties of perjury, I declare that I completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group or a long-term family assistance recipient. I hereby request a certification that the individual is a member of a targeted group or a long-term family assistance recipient.

Employer's signature ▶ \_\_\_\_\_ Title \_\_\_\_\_ Date / / \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

Section references are to the Internal Revenue Code. Section 51(d)(12) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's Federal tax return. Completion of this form is voluntary and may assist members of targeted groups and long-term family assistance recipients in securing employment. Routine uses of this form include giving it to the state employment security agency (SESA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group or a long-term family assistance recipient. This form may also be given to the Internal Revenue Service

for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SESA, and to cities, states, and the District of Columbia for use in administering their tax laws. In addition, we may disclose this information to Federal, state, or local agencies that investigate or respond to acts or threats of terrorism or participate in intelligence or counterintelligence activities concerning terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:  
**Recordkeeping** . . . . . 2 hr., 46 min.  
**Learning about the law or the form** . . . . . 36 min.  
**Preparing and sending this form to the SESA** . . . . . 36 min.  
If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.  
**Do not** send this form to this address. Instead, see **When and Where To File** in the separate instructions.



**U.S. DOL FORM ETA-9061**

**Individual Characteristics Form  
Work Opportunity and  
Welfare-to-Work Tax Credits**

**U.S. Department of Labor  
Employment & Training Administration**

1. CONTROL NO. (For Agency Use Only)	<b>Individual Information (Instructions on the Back)</b>	OMB No. 1205-0371  2. DATE RECEIVED (For Agency Use Only)
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3. EMPLOYER NAME/ADDRESS	4. EMPLOYER FEDERAL ID NO.	5. EMPLOYMENT START DATE: Starting Wage: \$ _____ per hour  POSITION:
	6. Have you worked for the above employer before?  Yes _____ No _____	

7. NAME OF INDIVIDUAL (Last, First, Middle)	8. SOCIAL SECURITY NUMBER:
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**The above named individual is determined to have the following characteristics for WOTC Target Group Certification:**

<p>9. Age between 18 - 25?  Yes _____ No _____</p> <p>If YES, indicate your "Date of Birth" below: Date of Birth: _____</p>	<p>10. Is a veteran and a member of a family that received Food Stamps for a period of at least 3 months in the last 15 months.  Yes _____ No _____ If YES, also complete Box 17.</p>	<p>11. Is a member of a family that received TANF benefits for any 9 months in the last 18 months.  Yes _____ No _____ If YES, also complete Box 17.</p>
<p>12. Is a member of a family that received Food Stamps for the last 8 months.  Yes _____ No _____ or for at least a 3-month period within the last 5 months, BUT is no longer receiving them.  Yes _____ No _____</p> <p>If YES to either, also complete Box 17.</p>	<p>13. In the past year has been <u>convicted</u> of a felony or <u>released</u> from prison after a felony conviction.  Yes _____ No _____</p> <p>If YES, complete below: Date of Conviction _____ Date of Release _____</p> <p>Total income for the 6 months prior to hire date for all family members living in the same household.  Total Income: _____ (If no income, enter 0 above)</p> <p>No. of family members living in the same household for the 6 mos., prior to hire date, including yourself: _____</p>	<p>14. Lives and plans to continue living in a federal Empowerment Zone, Enterprise Round II or Renewal Community.  Yes _____ No _____</p> <p>16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days.  Yes _____ No _____</p>
<p>15. Is receiving or has received Rehabilitation Services through a State Rehabilitation Services' program or the Veterans' Administration.  Yes _____ No _____</p>		<p>17. If individual is not a primary recipient of benefits, please provide the following:  _____ Name of Primary Recipient  _____ City/State of Benefits</p>

18. Is a "ticket holder" under the Ticket to Work Program  Yes _____ No _____	19. The "ticket holder" has an Individual Work Plan (IWP) from an Empowerment Zone (EN).  Yes _____ No _____
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**Section 20 is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit only.**

20. Is a member of a family that:

- Has received TANF payments for at least the last 18 consecutive months; Yes \_\_\_\_\_ No \_\_\_\_\_ or
- Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, and ended within the last 2 years; or Yes \_\_\_\_\_ No \_\_\_\_\_ or
- Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made. Yes \_\_\_\_\_ No \_\_\_\_\_

21. SOURCES USED TO DOCUMENT ELIGIBILITY:

*Note:* I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.

22. SIGNATURE:	23. DATE:
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**INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061.** This form is used together with IRS Form 8850 to help SWAs determine eligibility for the Work Opportunity and Welfare-to-Work Tax Credits. The form may be completed by the applicant, the employer or employer representative/consultant, the SWA/DLA or the Participating Agency and signed by the person or agency filling out this form. This form is required to be used, without modification, by all employers and/or their representatives seeking the WOTC or the WTW tax credit.

- Box 1: **Control Number (for agency use only).** The SWA/DLA or participating agency determines the Control Number. It may be a Social Security Number, case number, or other appropriate designation which permits easy filing, identification and retrieval of forms. Enter this number here.
- Box 2: **Date (for agency use only).** Enter the month, day, and year when the form is received.
- Box 3: **Employer Name/Address.** Enter the name and address including zip code and telephone number of the employer applying for a WOTC or WWTWC Employer Certification.
- Box 4: **Employer Federal ID No.** Enter employer's federal taxpayer identification number.
- Box 5: **Employment-Start Date/Wage/Position or Title.** Enter the employment start date, the starting hourly wage, that the employee will be paid. If not known, enter an estimated wage. Also, enter the job or position title, under which the individual or prospective employee will be performing for this employer.
- Box 6: **Previous Employment for This Employer.** This requires a YES or NO answer. Enter a check mark (✓) in the corresponding blank.
- Box 7: **Name of Individual.** Enter full name of Individual or prospective employee.
- Box 8: **Social Security Number.** Enter individual's social security number here.
- Boxes 9 through 20 (**Read each box carefully**). Enter a check mark (✓) to indicate if your answer is a YES or a NO. Provide additional information where requested for either the WOTC or the WTW tax credit's target group eligibility.
- Box 17: **Name and Address.** Enter name and address of individual who is the primary recipient of benefits.

Box 21. **Sources to Document Eligibility.** List and/or describe the documentary\* evidence or sources of collateral contacts that are attached to the ICF form or that will be provided. Indicate in parentheses, next to each document listed, whether it is attached or forthcoming. Some examples are provided below. Employers may also obtain a letter from the agency that administers a relevant program, stating that the employee or a member of his/her household meets one of the eligibility requirements.

**Examples of Documentary Evidence or Collateral Contacts:**

**AGE/BIRTHDATE:**

(Required for High-Risk Summer Youth & Food Stamp)

- Birth Certificate
- Driver's License
- School I.D. Card\*
- Work Permit
- Federal/State/Local Gov't I.D.\*
- Hospital Record of Birth

**FAMILY INCOME:**

(Required for Ex-felon)

- Pay Stubs
- Employer Contacts
- W-2 Forms
- UI Documents
- Public Assistance Records of No. of Months Benefits Were Received.
- Family Members' Statements
- Parole Officer's Name
- Parole Officer's Statements

**SSI RECIPIENT:**

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Issuance

**EX-FELON STATUS:**

- Parole Officer's Name
- Correction Institution Records
- Court Record, Extracts

**TANF (IV-A) RECIPIENT:**

- TANF Benefit History
- Signed Statement from Authorized Individual w/ Specific Description of Months Benefits Were Received.
- Case Number Identifier

**NUMBER IN FAMILY**

- Public Assistance
- Social Services Agencies

**VETERANS' STATUS:**

- DD-214
- Reserve Unit Contacts
- Discharge Papers\*

**VOCATIONAL REHABILITATION**

**REFERRAL:**

- Voc. Rehab. Agency

**VOC REHAB (Continued)**

Contact

- Signed statement from authorized individual w/specific description of months benefits received
- Veterans Administration Records

**WW LONG-TERM ASSISTANCE RECIPIENT**

- TANF Benefits History
- Signed Statement from authorized individual with specific description of months benefits received
- Case Number Identifier

**EMPOWERMENT ZONES/ENTERPRISE/RENEWAL COMMUNITIES:**

- Driver's License
- Work Permit
- Utility Bills
- Signed Statement From Authorized Individual w/ Specific Description
- Lease Document

**EZ/EC/RCS (Continued)**

- Voter Registration Card
- Food Stamp Award Letter
- Social Security Agency Letter
- Library Card\*\*
- Landlord's Statement
- Letter From Social Service Agencies
- School Records
- Medicaid/Medicare Card
- Property Tax Record
- Public Assistance Record
- Rent Receipts
- School I.D. Card\*\*
- W-4
- Selective Service Registration Card

**TICKET HOLDER (Ticket to Work Program)**

- SWAs must establish applicant's eligibility by calling MAXIMUS to verify if applicant: 1) is a ticket holder and 2) has and IWP from an Employment Network (EN).

**NOTE:** This list is not an exhaustive list. For more information, contact your WOTC public State Workforce Agency.

\*Where any item of documentation such as a Federal I.D. Card does not contain age or birth date, the SWA/DLA must obtain another documentary source to verify the individual's age.

\*\*Where any item of documentary evidence, such as library card does not contain the holder's address, the SWA/DLA must obtain documentary evidence issued in the jurisdiction where the EZ/EC or RC is located showing the holder's address.

**Box 18. Is a "ticket holder" under the Ticket to Work Program.** This requires a YES or NO answer. Enter a check mark (✓) in the corresponding blank.

**Box 19. The "ticket holder" has an Individual Work Plan (IWP) from an employment network.** This requires a YES or NO answer. Enter a check mark (✓) in the corresponding blank.

**Box 22. Signature.** If applicant completes this form, he/she must enter signature here. If applicant is a minor, the parent or guardian should sign this box. If form is completed by the employer or his/her representative, enter corresponding signature here. If form was completed by the intake staff of a SWA/DLA or participating agency, enter corresponding signature in this box.

**Box 23. Date.** Enter the month, day and year when the form was completed.

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Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondent's obligation to reply to these requirements is required to obtain and retain benefits per P.L. 104-184. Public reporting burden for this collection of information is estimated to average .33 minutes per response, including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed; and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room C-4514, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

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.....  
(Cut along dotted line and keep in your files)

TO THE JOB APPLICANT OR EMPLOYEE:

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM—OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM—WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE WORKFORCE AGENCY (SWA) [ENTER CORRESPONDING SWA NAME BELOW].

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IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT, PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.

**SSA FORM SSA-7004-SM**

# Request for Earnings and Benefit Estimate Statement

Form Approved  
OMB No. 0980-0466  SP

Please check this box if you want to get your statement in Spanish instead of English.  
Please print or type your answers. When you have completed the form, fold it and mail it to us. (If you prefer to send your request using the Internet, contact us at <http://www.ssa.gov>)

**For items 6 and 8 show only earnings covered by Social Security. Do NOT include wages from State, local or Federal Government employment that are NOT covered for Social Security or that are covered ONLY by Medicare.**

9. Do you want us to send the statement:  
 • To you? Enter your name and mailing address.  
 • To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

1. Name shown on your Social Security card:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name Only \_\_\_\_\_

Name \_\_\_\_\_  
 Street Address (include Apt. No., P.O. Box, or Rural Route) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Your Social Security number as shown on your card:

--

3. Your date of birth (Mo.-Day-Yr.):

--

4. Other Social Security numbers you have used:

--  
--  
--

5. Your sex:  Male  Female

A. Last year's actual earnings: (Dollars Only)  
 \$ .

B. This year's estimated earnings: (Dollars Only)  
 \$ , .

7. Show the age at which you plan to stop working.  
 (Show only one age)

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases. If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work, or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).  
 Future average yearly earnings: (Dollars Only)  
 \$ , .

Future average yearly earnings: (Dollars Only)  
 \$ .

**Notice:**  
 I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I understand that if I deliberately request information under false pretenses, I may be guilty of a Federal crime and could be fined and/or imprisoned. I authorize you to use a contractor to send the statement of earnings and benefit estimates to the person named in Item 9.

**Please sign your name (Do Not Print)**

Date \_\_\_\_\_ (Area Code) Daytime Telephone No. \_\_\_\_\_



**Mailing Address**

Social Security Administration  
Wilkes Barre Data Operations Center  
PO Box 7004  
Wilkes Barre PA 18767-7004

**Request for Earnings and  
Benefit Estimate Statement**

Thank you for requesting this statement.

After you complete and return this form, we will--within 4 to 6 weeks--send you:

- a record of your earnings history and an estimate of how much you have paid in Social Security taxes; and
- estimates of benefits you (and your family) may be eligible for now and in the future.

We're pleased to furnish you with this information and we hope you'll find it useful in planning your financial future.

Social Security is more than just a program for retired people. It helps people of all ages in many ways. Whether you're young or old, male or female, single or with a family--Social Security can help you when you need it most. It can help support your family in the event of your death and pay you benefits if you become severely disabled.

If you have questions about Social Security or this form, please call our toll-free number, 1-800-772-1213.

*Kenneth S. Apfel*

Kenneth S. Apfel  
Commissioner of Social Security



**About The Privacy Act**

Social Security is allowed to collect the facts on this form under Section 205 of the Social Security Act. We need them to quickly identify your record and prepare the earnings statement you asked us for. Giving us these facts is voluntary. However, without them we may not be able to give you an earnings and benefit estimate statement. Neither the Social Security Administration nor its contractor will use the information for any other purpose.

**Paperwork Reduction Act Notice and Time It Takes Statement**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

**PROOF OF IDENTITY  
(Form I-9)**

LISTS OF ACCEPTABLE DOCUMENTS

INSTRUCTIONS

LIST A PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM LIST C

<p><b>Anti-Discrimination Notice.</b> It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which documents will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.</p>	<p><b>Documents that Establish Both Identity and Employment Eligibility</b></p>	<p><b>Documents that Establish Identity AND Employment Eligibility</b></p>	<p><b>Documents that Establish Employment Eligibility</b></p>
<p>1. U.S. Passport (unexpired or expired) <b>Section 1 - Employee.</b> All employers of noncitizens, hired after November 6, 1986, must provide this form at the time of hire, which is the beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.</p>	<p>1. Driver's license or ID card issued by a state or outlying possession of the United States and contains a date this form was completed or information such as height, eye color, and address</p>	<p>1. U.S. social security card issued by the Social Security Administration (other than a card containing only the employee's work authorization information)</p>	<p>1. U.S. social security card issued by the Social Security Administration (other than a card containing only the employee's work authorization information)</p>
<p>2. Certificate of U.S. Citizenship <b>Section 2 - Employer.</b> For the purpose of completing this form, "employer" includes those recruiters and referrers for a fee who are agricultural associations, employers, or farm labor contractors.</p>	<p>2. Certificate of U.S. Citizenship</p>	<p>2. Certificate of U.S. Citizenship</p>	<p>2. Certificate of U.S. Citizenship</p>
<p>3. Prepaid Translation <b>Section 3 - Updating and Reverification.</b> Employers must complete Section 3 when updating and/or reverifying the employee's eligibility with three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must resubmit the document(s) within three business days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed and the employee must sign and date the certification. Employees must present original documents. Employees may, but are not required to, photocopy the document(s) presented and the photocopies may only be used for the verification process and must be retained with the I-9. However, employers are responsible for completing the I-9.</p>	<p>3. Prepaid Translation</p>	<p>3. Prepaid Translation</p>	<p>3. Prepaid Translation</p>
<p>4. Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization</p>	<p>4. Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization</p>	<p>4. Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization</p>	<p>4. Unexpired foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization</p>
<p>5. Alien Registration Receipt Card <b>Section 4 - Reporting Burden.</b> We try to create forms and instructions that can be easily understood and completed with the least possible burden on you, the employer. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D.C. 20503, and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.</p>	<p>5. Alien Registration Receipt Card</p>	<p>5. Alien Registration Receipt Card</p>	<p>5. Alien Registration Receipt Card</p>
<p>6. Receipt of a Resident Document (INS Form 688)</p>	<p>6. Receipt of a Resident Document (INS Form 688)</p>	<p>6. Receipt of a Resident Document (INS Form 688)</p>	<p>6. Receipt of a Resident Document (INS Form 688)</p>
<p>7. Unexpired employment authorization document issued by the INS</p>	<p>7. Unexpired employment authorization document issued by the INS</p>	<p>7. Unexpired employment authorization document issued by the INS</p>	<p>7. Unexpired employment authorization document issued by the INS</p>
<p>8. INS Form I-227</p>	<p>8. INS Form I-227</p>	<p>8. INS Form I-227</p>	<p>8. INS Form I-227</p>
<p>9. Unexpired Refugee Travel Document (INS Form I-97)</p>	<p>9. Unexpired Refugee Travel Document (INS Form I-97)</p>	<p>9. Unexpired Refugee Travel Document (INS Form I-97)</p>	<p>9. Unexpired Refugee Travel Document (INS Form I-97)</p>
<p>10. Unexpired Employment Authorization Document (EAD) with the INS which contains a photograph (INS Form I-688B)</p>	<p>10. Unexpired Employment Authorization Document (EAD) with the INS which contains a photograph (INS Form I-688B)</p>	<p>10. Unexpired Employment Authorization Document (EAD) with the INS which contains a photograph (INS Form I-688B)</p>	<p>10. Unexpired Employment Authorization Document (EAD) with the INS which contains a photograph (INS Form I-688B)</p>
<p>11. Clinic, doctor, or nurse record</p>	<p>11. Clinic, doctor, or nurse record</p>	<p>11. Clinic, doctor, or nurse record</p>	<p>11. Clinic, doctor, or nurse record</p>
<p>12. Driver's license or ID card</p>	<p>12. Driver's license or ID card</p>	<p>12. Driver's license or ID card</p>	<p>12. Driver's license or ID card</p>

Form I-9 (Rev. 11-21-91) N  
Form I-9 (Rev. 11-21-91) N

EMPLOYERS MUST RETAIN COMPLETED I-9  
PLEASE DO NOT MAIL COMPLETED I-9 TO INS

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): A citizen or national of the United States A Lawful Permanent Resident (Alien # A _____ An alien authorized to work until ___/___/___ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___				

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ___/___/___	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- and • If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
  - record the document title, document number and expiration date (if any) in Block C, and
  - complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

**RELEASE GRATUITIES  
FOR FEDERAL PRISONERS**

## Release Gratuities for Federal Prisoners

The Release Gratuities, Transportation, and Clothing program is offered primarily to sentenced federal prisoners who are being released. Additionally, the court may direct the United States Marshals Service (USMS) to afford similar gratuities to pretrial detainees housed in Bureau of Prisons (BOP) facilities who are arrested, but not indicted, indicted but not convicted, or who are released to probation. Although the BOP will ordinarily afford pretrial detainees with adequate clothing upon release, monetary release gratuities paid to pretrial detainees are the exclusive responsibility of the USMS. Designated federal inmates released from BOP institutions will be provided clothing, transportation to their release destinations, and appropriate funds (up to \$500) based upon an inmate's release needs and budgetary and statutory limitations.

Release gratuities are intended to be a means to supplement inmates' "other" resources upon release from prison, and to help them readjust back into the community. They are not intended to provide for an inmate's entire release needs. Therefore, inmates should be encouraged to save funds for release (such as industrial and performance pay and outside receipts) in their respective trust fund accounts or independent savings accounts. To request a release gratuity, inmates should meet with their Unit Team.

For further information, please review **Program Statement 5873.06, Release Gratuities, Transportation, and Clothing**. Moreover, concerns relating to a release gratuity fall specifically within the BOP's **Administrative Remedy Process, Title 28 C.F.R. § 542**. Inmates are encouraged to raise any release gratuity concerns through that process.

**U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS**

To: COMMISSARY	Institution
From: Case Manager	Date

Please enter personal account information and return to Release Clerk/Unit Secy:

Register Number	Name	Funds in Personal Account	\$
Release Date	Method		
Unit	Work Detail	Anticipated Earnings Prior to Release	
		Anticipated Spending Prior to Release	
		U.S. Savings Bonds	
		Received last 6 months	
		Spent last 6 months	
		Excess Funds to be Disposed	
		Commissary Clerk: /s/	

CASE MANAGER WILL COMPLETE THE FOLLOWING:

To: COMMISSARY	Date
From: Case Manager	

1. You are authorized to pay cash gratuity in the amount of:	\$
2. If detainer is removed, subject will be given:	
3. Dispose of excess funds as follows:	
a. Obtain check for delivery to inmate up release in amount of:	
b. Mail check in the amount of :	

To:

4. Release Destination
------------------------

5. Transportation: <input type="checkbox"/> Government Expense <input type="checkbox"/> Private	
/s/	Approved By:

Record Copy - Commissary; Copy - Case Manager; Copy - Commissary; Copy - Release File

**EX-OFFENDER'S VOTING  
RIGHTS BY STATES**

# Ex-Offender's Voting Rights by States

## Categories of Felons Disenfranchised Under State Law

An "x" in the any of the columns below means that the state prohibits ex-offenders from voting.

STATE	PRISON	PROBATION	PAROLE	EX-FELONS	
				All	Partial
Alabama	x	x	x		x (certain offenses)
Alaska	x	x	x		
Arizona	x	x	x		x (2nd felony)
Arkansas	x	x	x		
California	x		x		
Colorado	x		x		
Connecticut	x		x		
Delaware	x	x	x		x (5 years)
District of Columbia	x				
Florida	x	x	x	x	
Georgia	x	x	x		
Hawaii	x				
Idaho	x	x	x		
Illinois	x				
Indiana	x				
Iowa*	x	x	x		
Kansas	x	x	x		
Kentucky	x	x	x	x	
Louisiana	x	x	x		
Maine					
Maryland	x	x	x		x (2nd felony, 3 years)
Massachusetts	x				
Michigan	x				
Minnesota	x	x	x		
Mississippi	x	x	x		x (certain offenses)
Missouri	x	x	x		

Montana	x				
Nebraska	x	x	x		x (2 years)
Nevada	x	x	x		x (except first-time nonviolent)
New Hampshire	x				
New Jersey	x	x	x		
New Mexico	x	x	x		
New York	x		x		
North Carolina	x	x	x		
North Dakota	x				
Ohio	x				
Oklahoma	x	x	x		
Oregon	x				
Pennsylvania	x				
Rhode Island	x	x	x		
South Carolina	x	x	x		
South Dakota	x		x		
Tennessee	x	x	x		x (post-1981)
Texas	x	x	x		
Utah	x				
Vermont					
Virginia	x	x	x	x	
Washington	x	x	x		x (pre-1984)
West Virginia	x	x	x		
Wisconsin	x	x	x		
Wyoming	x	x	x		x (5 years)
U.S. Total	49	31	36	3	10

\* In July 2005, Iowa Governor Vilsack issued an executive order restoring the right to vote for all persons who have completed supervision. However, the lifetime prohibition on voting remains Iowa law.

**Source:** The Sentencing Project September 2005.

**READY4WORK  
PROGRAM SITES**

## Ready4Work Program Sites

### **Boston, MA**

Straight Ahead Ministries  
504 Dudley Street,  
2nd Floor Westboro, MA 01581  
(617) 442-0103  
Executive Director: Rev. Robb Zarges

### **Brooklyn, NY**

Office of Kings County District Attorney  
Renaissance Plaza  
350 Jay Street  
Brooklyn, NY 11201  
Executive Director: Ms. Joan Gabbidon  
(718) 250-2219

### **Camden, NJ**

Volunteers of America Delaware Valley  
235 White Horse Pike  
2nd Floor  
Collingswood, NJ 08107  
Executive Director:  
Ms. Patricia McKernan  
(856) 854-4660

### **Chicago, IL**

Safer Foundation  
571 W. Jackson St.  
Chicago, IL 60661  
(312) 992-7043  
Executive Director: Ms. B. Diane Williams

### **Detroit, MI**

Detroit America Works  
2990 West Grand Boulevard  
Suite 400  
Detroit, MI 48202  
Executive Director: Dr. Lee Bowes  
(212) 599-5627

### **Houston, TX**

#### ***Adult Site***

Moving Forward  
2419 Isabella  
Houston, TX 77004  
(713) 942-2003  
Executive Director(s):  
Ms. Catherine Longino

(713) 748-5240  
Mr. Tommie Dorsett  
(832) 731-6314

#### ***Juvenile Site***

Moving Forward  
104 E. 33rd  
Houston, TX 77018  
Executive Director: Pandoria Hardeway  
713-802-9444

### **Jacksonville, FL**

Operation New Hope  
1321 N. Main Street  
Jacksonville, FL 32206  
President: Mr. Kevin T. Gay  
(904) 354-4673

### **Los Angeles, CA**

#### ***Adult Site***

Union Rescue Mission  
545 S. San Pedro Street  
Los Angeles, CA 90013  
Executive Director: Dr. George Bell  
(213) 347-6300

#### ***Juvenile Site***

Los Angeles TenPoint Coalition  
c/o West Angeles Church of God in Christ  
3045 S. Crenshaw Boulevard  
Los Angeles, CA 90016  
Executive Director: Rev. Mark Jennings  
(323) 292-3301

### **Memphis, TN**

Second Chance Ex-Felon Program/Ready4  
Work Program  
444 North Main Street  
2nd Floor  
Memphis, TN 38106  
Executive Director: Ms. Yalanda McFadgon  
(901) 545-0343

### **Milwaukee, WI**

Word of Hope Ministries  
2677 N. 40th Street  
Milwaukee, WI 53210  
Executive Director/President:

Pastor C.H. McClelland  
(414) 447-1967

**New York, NY**

Exodus Transitional Community, Inc.  
161 East 104th Street  
New York, NY 10029  
Executive Director: Julio Medina  
(917) 492-0990

**Oakland, CA**

Allen Temple Housing & Economic  
Development Corporation  
8501 International Blvd., C101  
Oakland, CA 94621  
Executive Director: Mr. Frank Davis  
(510) 567-1490

**Philadelphia**

Philadelphia Consensus Group/Search for  
Common Ground  
1601 Connecticut Avenue, NW  
Suite 200  
Washington, DC 20009  
Project Director: Marie Williams  
(202) 777-2226

**Seattle, WA**

The Church Council of Greater Seattle  
4759 15th Avenue, NE  
Seattle, WA 98105-4404  
Executive Director: Mr. Michael Jackson  
(206) 525-1213 ext. 3913

**Washington, DC**

East of the River Clergy Police  
Community Partnership  
4105 First Street, S.E.  
Washington, DC 20032  
(202) 373-5767  
Executive Director: Rev. Donald L. Isaac

**FEDERAL BONDING PROGRAM  
STATE COORDINATORS**

**FEDERAL BONDING PROGRAM  
STATE COORDINATORS**

(as of 09/28/05)

**ALABAMA**

Ms. Annette Graves  
Bonding Services Coordinator  
Alabama State Employment Service  
Industrial Relations Building, Rm. 2805  
649 Monroe Street  
Montgomery, AL 36131  
334-242-8039  
334-242-8012 fax

**ALASKA**

Mr. J. Allan MacKinnon  
Bonding Services Coordinator  
Alaska Employment Security  
Division  
P.O. Box 25509  
Juneau, AK 99802-5509  
907-465-5955  
907-465-8753 fax

**ARIZONA**

Ms. Teresita Celaya  
Bonding Services Coordinator  
Employment & Training Administration  
Arizona Dept of Economic Security  
734-T Site Code  
P.O. Box 6123  
Phoenix, AZ 85005  
602-495-1861 ext. 1002  
602-542-2110 fax

**ARKANSAS**

Mr. Bert Pranter  
Bonding Services Coordinator  
Employment Service Technical Unit  
Arkansas Employment Security Dept  
P.O. Box 2981  
Little Rock, AR 72203-2981  
501-682-3143  
501-682-2576 fax

**CALIFORNIA**

Jaime Gutierrez  
Bonding Services Coordinator  
CA Employment Development Dept  
800 Capitol Mall  
MIC-37  
Sacramento, CA 95814  
916-653 -2497  
916-654-9119 fax

**COLORADO**

Ms. Jenny McGinty  
Bonding Services Coordinator  
CO Dept of Labor & Employment  
Tower 2, Suite 400  
1515 Arapahoe St.  
Denver, CO 80202-2117  
303-318-8823  
303-318-8930 fax

**CONNECTICUT**

Ms. Sharon Gripe  
Bonding Services Coordinator  
Operational Support Unit  
Connecticut Dept of Labor  
200 Folly Brook Blvd., 3rd floor  
Wethersfield, CT 06109  
860-263-6066  
860-263-6039 fax

**DELAWARE**

Mr. Tom Smith  
Bonding Services Coordinator  
Division of Employment Training  
DE Dept of Labor  
4425 North Market Street, 1<sup>st</sup> floor  
Wilmington, DE 19802  
302-761-8123  
302-761-4689 fax

**DISTRICT OF COLUMBIA**

Ronald Pierce  
Head of Job Bank  
D.C. Dept of Employment Services  
609 H Street, NE  
Washington, DC 20002  
202-698-3540  
202-698-5720 fax

**FLORIDA**

Ms. Linda Knowles  
Bonding Services Coordinator  
FL Agency for Workforce Innovation  
107 E. Madison Street  
Tallahassee, FL 32399-4120  
1-800-779-1767 (toll-free) OR  
850-245-7426  
850-921-3859 fax

**GEORGIA**

Mr. J.R. Henderson  
Bonding Services Coordinator  
GA Dept of Labor  
Sussex Place  
148 Andrew Young Int'l Blvd., NE,  
Suite 276  
Atlanta, GA 30303  
404-232-3538  
404-656-0783 fax

**GUAM**

Mr. George San Nicolas  
Administrator, SCSEP  
Dept of Labor  
P.O. Box 9970  
Tamuning, Guam 96931

**HAWAII**

Ms. Suzanne Okazaki  
Bonding Services Coordinator  
Workforce Development Division  
HI State Employment Service  
830 Punchbowl Street, Room 329  
Honolulu, HI 96813

808-586-8815  
808-586-8822 fax

**IOWA**

Mr. John Williams  
Bonding Services Coordinator  
Iowa Workforce Development  
150 Des Moines St.  
Des Moines, IA 50309  
515-281-9097  
515-281-9096 fax

**ILLINOIS**

Ms. Patricia Rusoff  
Bonding Services Coordinator  
IL Dept of Employment Security  
33 S. State Street  
8<sup>th</sup> Floor South  
Chicago, IL 60603  
312-793-9741  
312-793-1871 fax

**IDAHO**

Mr. Arthur Page  
Bonding Services Coordinator  
ID Dept of Employment  
317 West Main Street  
Boise, ID 83735  
208-332-3570 (x-3330)  
208-332-7417 fax

**INDIANA**

No longer participates in the Federal Bonding Program.

**KANSAS**

Ms. Joyce Heiman  
Bonding Services Coordinator  
KS Dept of Commerce  
1000 SW Jackson Street, Suite 100  
Topeka, KS 66612-1354  
785-296-7435  
785-368-7108 fax

**KENTUCKY**

The state of Kentucky currently does not participate in the Federal Bonding Program. Please contact the One-Stop for assistance in finding employment. Refer the caller to their local One-Stop for general jobs and training assistance. For more information refer the caller to Ron Rubbin at 1-800-233-2258 ext. 246, or Roland Brack at 1-800-233-2258 ext. 271.

**LOUISIANA**

Mr. Cory Turner  
Bonding Services Coordinator  
Division of Probation and Parole, Region IV  
731 St. Charles Ave., 3rd floor  
New Orleans, LA 70130  
504-568-8690

**MAINE**

Ms. Judy Pelletier  
Bonding Services Coordinator  
Bureau of Employment Services  
ME Dept of Labor  
55 State House Station  
Augusta, ME 04333  
207-624-6390  
207-624-6499 fax

**MARYLAND**

Ms. Edwina Howard  
Bonding Services Coordinator  
MD Dept of Labor, Licensing, and Regulations  
Division of Workforce Development  
1100 N. Eutaw Street, Suite 209  
Baltimore, MD 21201  
410-767-2018  
410-333-5162 fax

**MASSACHUSETTS**

Mr. David Sullivan  
Bonding Services Coordinator  
Special Programs-Bonding  
MA Division of Employment Training and Training  
Administration  
Charles F. Hurley Bldg.-Government Center  
19 Staniford Street, 1<sup>st</sup> Floor

Boston, MA 02114  
617-626-5733  
617-727-2039 fax

**MICHIGAN**

Mr. Michael Prus  
Bureau of Workforce Programs  
Department of Labor and Economic Growth  
3032 W. Grand Blvd., Suite 9-450  
Detroit, MI 48202  
313-456-3169  
313-456-3162 fax

**MINNESOTA**

Ms. Debbie Gardner  
Bonding Services Coordinator  
Reemployment Program  
MN Dept. Of Employment and Economic  
Development  
332 Ninn St., Suite E-200  
MN Job Bank  
1<sup>st</sup> National Bank Building  
St. Paul, MN 55101  
651-296-8400  
651-246-3488 fax

**MISSOURI**

Mr. Lamont Brown  
Dept. of Economic Development  
MO Division of Workforce Development  
421 East Dunklin  
POB 1087  
Jefferson City, MO 65102  
573-526-8217  
573-522-9496 fax

**MONTANA**

Mr. Bill Haberman  
Bonding Services Coordinator  
Job Service Division  
MT Dept of Labor & Industry  
P.O. Box 1728  
Capital Station  
Helena, MT 59624

406-444-3480  
406-444-3037 fax

**NEBRASKA**

Madhavi Bhadbhade  
Bonding Services Coordinator  
Legal Division  
Nebraska Department of Labor  
550 S. 16th Street  
Lincoln, NE 68509  
402-471-9917

**NEVADA**

Ms. Connie Williams  
Bonding Services Coordinator  
NV State Employment Service  
500 E. Third Street  
Carson City, NV 89713  
775-684-0301 or 0305  
775-684-0327 fax

**NEW HAMPSHIRE**

Mr. Keith Badger  
Bonding Services Coordinator  
NH Dept of Employment Security  
32 South Main Street  
Concord, NH 03301  
603-228-4083  
603-229-4321 fax

**NEW JERSEY**

Mr. Robin Warren  
Bonding Services Coordinator  
Division of Employment & Training  
NJ Dept. of Labor  
P.O. Box 055, 2nd floor  
Trenton, NJ 08625  
609-777-2569  
609-777-3020 fax

**NEW MEXICO**

Mr. Hector Moreu  
State WOTC Coordinator  
Employment & Training Support Section

NM Dept. of Labor  
Field Service Bureau-WOTC  
P.O. Box 1928  
Albuquerque, NM 87103  
505-841-8501  
505-841-8467 fax

**NEW YORK**

Ms Elaine Kost  
Bonding Services Coordinator  
Division of Employment Services – Rm 421  
New York State Department of Labor  
State Campus - Bldg 12  
Albany, NY 12240  
518-485-2151  
518-457-4625 fax

**NORTH CAROLINA**

Ms. Diane Smith  
Bonding Services Coordinator  
NC Employment Security Commission  
Applicant Services  
P.O. Box 27625  
Raleigh, NC 27611  
919-733-4896  
919-733-3010 fax

**NORTH DAKOTA**

Ms. Paulette Forcier  
Bonding Services Coordinator  
Job Service ND  
P.O. Box 5507  
Bismarck, ND 58506-5507  
701-328-2863  
701-328-4894 fax

**OHIO**

Ms. Gwendolyn Woods/Debra Shirley  
Offender Job Linkage Administration  
OH Dept of Rehabilitation and Correction  
1050 Freeway Drive North  
Columbus, OH 43229  
614-728-1534  
614-995-0128 fax

**OKLAHOMA**

Ms. Crystal Anglin  
Bonding Services Coordinator  
OK Employment Security  
Commission  
2401 North Lincoln Blvd., Suite 454  
Oklahoma City, OK 73152  
405-557-7257 (x-5347)  
405-524-6081 fax

**OREGON**

The state of Oregon currently does not participate in the Federal Bonding Program. Please contact the One-Stop for assistance in finding employment. Refer the caller to their local One-Stop for general jobs and training assistance. For more information on the Federal Bonding Program, refer the caller to Ron Rubbin at 1-800-233-2258 ext. 246, OR Roland Brack at 1-800-233-2258 ext. 271.

**PENNSYLVANIA**

Mr. Raymond Patackis  
Bonding Services Coordinator  
PA Bureau of Workforce Investment  
Labor & Industry Building, 13<sup>th</sup> floor  
Seventh & Forster Streets  
Harrisburg, PA 17120  
717-787-6915  
717-787-5785 fax

**PUERTO RICO**

Mr. Alex Garcia/Maryanne Toledo  
Bonding Services Coordinators  
One-Stop Career Center of PR, Inc.  
Condominio Plaze Universidad 200  
Calle Anasco 839 local 65  
Rio Piedras, PR 00928  
787-296-1785  
787-747-5695 fax

**RHODE ISLAND**

Joe Potenza (Providence only)  
State Coordinator  
160 Broad Street  
Providence, RI 02903

401-521-2255 (x-139)  
401-521-7410 fax

**SOUTH CAROLINA**

Ms. Regina Ratterree  
Bonding Services Coordinator  
SC Employment Security Commission  
1550 Gadsden Street  
P.O. Box 1406  
Columbia, SC 29202  
803-737-2593  
803-737-0140 fax

**SOUTH DAKOTA**

The state of South Dakota currently does not participate in the Federal Bonding Program. Please contact the One-Stop for assistance in finding employment. Refer the caller to their local One-Stop for general jobs and training assistance. For more information on the Federal Bonding Program, refer the caller to Ron Rubbin at 1-800-233-2258 ext. 246, or Roland Brack at 1-800-233-2258 ext. 271.

**TENNESSEE**

Ms. Becky Brooks  
Bonding Services Coordinator  
Job Service Program Support  
TN Dept of Labor & Workforce  
Development  
Davy Crockett Tower, 11<sup>th</sup> floor  
500 James Robertson Parkway  
Nashville, TN 37245-1200  
615-741-3780 (x-578)  
615-741-6392 fax

**TEXAS**

Mr. John Ownby  
Bonding Services Coordinator  
Project RIO  
Texas Workforce Commission  
101 E. 15<sup>th</sup> Street, Room 440-T  
Austin, TX 78778  
1-800-453-8140 (within Texas)  
or 512-463-0834  
512-463-7379 fax

**UTAH**

Ms. Kathy Strieby  
Bonding Services Coordinator  
UT Dept of Workforce Services  
140 East 300 South, Room 231  
Salt Lake City, UT 84111  
801-201-2931  
801-526-9789 fax

**VIRGIN ISLANDS**

Ms. Joan-Ann Anthony  
Bonding Services Coordinator  
VI Dept of Labor  
P.O. Box 302608  
St. Thomas, USVI 00803  
340-776-3700 ext 2055  
340-714-4994 fax

**VERMONT**

Mr. David Copeland  
Assistant Workforce Coordinator  
VT Dept of Labor  
P.O. Box 488  
Green Mountain Drive  
Montpelier, VT 05601  
802-828-4348  
802-828-4374 fax

**VIRGINIA**

The Commonwealth of Virginia currently does not participate in the Federal Bonding Program. Please contact the One-Stop for assistance in finding employment. Refer the caller to their local One-Stop for general jobs and training assistance and to Ron Rubbin at 1-800-233-2258 ext. 246, OR Roland Brack at 1-800-233-2258 ext. 271.

**WASHINGTON**

Rich Coleman  
Bonding Services Co-Coordinator  
Offender Employment Services  
WA Dept of Employment Security  
P.O. Box 9046  
Olympia, WA 98507  
360-407-5156  
360-407-5218 fax

**WEST VIRGINIA**

Mr. Allan L. Galloway  
Bonding Services Coordinator  
WV Bureau of Employment Programs  
POB 1349  
1321 Plaza East  
Charleston, WV 25305  
304-558-0342  
304-558-0349 fax

**WISCONSIN**

Ms. V.J. Panke  
Bonding Services Coordinator  
WI Dept of Workforce Development  
201 E. Washington Avenue, Room G-200  
P.O. Box 7972  
Madison, WI 53707  
608-267-1895  
608-261-6956 fax

**WYOMING**

Ms. Julia Clouser  
Bonding Services Coordinator  
Dept of Workforce Services  
851 Werner Court, Suite 120  
Casper, WY 82601-1308  
307-235-3611  
307-235-3293 fax